PERCEPTION OF NURSES ON THE MANAGEMENT PROCESS IN A UNIVERSITY HOSPITAL

RESUMO

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Objetivo: conocer la percepción de enfermeros gerentes sobre el proceso de gestión en la enfermería. Método: estudio descriptivo con enfoque cualitativo, realizado en un hospital universitario del sur de Brasil, con seis enfermeros gerentes. Los datos fueron colectados por medio de entrevista semi-estruturada, transcritas y a seguir sometidas a la Técnica de Análisis de Contenido en la modalidad Análisis Categorial. Resultados: surgieron tres categorías << Competencias gerenciales y funciones del enfermero gerente >>, << Gerencia compartida >> y << Gerenciamiento del cuidado >>. Conclusión: los enfermeros a cargo de la gerencia de un hospital universitario del sur de Brasil notaron el proceso de gestión sobre tres principales aspectos: competencias gerenciales y funciones del enfermero gerente, gerencia compartida y gerenciamento del cuidado. Descritores: Enfermería; Gestión en Salud; Supervisión de Enfermería; Gerenciamento de la Prática Profesional; Gerencia.
INTRODUCTION

Nurses have increasingly assumed management positions in health services, especially in the hospital environment, where the general vision articulates the administrative, care and teaching and research areas. Therefore, their role as manager can be quality of care for patients.

Although the management process has been inserted in the nursing profession since the nineteenth century, through Florence Nightingale, the hospital scenario has been demanding, from nurses, more and more knowledge, skills and abilities for the management of the work process.

The essence of the training of nurses is focused on the care and management area, bringing the managerial skills, becoming the differential in the professional profile. Also, it is considered the health worker that brings together several areas of knowledge in their knowledge, becoming committed and knowledgeable of the organizational structure as a whole and health work processes, which contributes to its managerial process.

The nursing management process based on the nursing coordinators is involved in the commitment to the organization and the fulfillment of goals, becoming complex and demanding. Despite this, nurses' managerial practices in the hospital setting are still focused on the technical dimension (coordination, supervision, and control) guided by the classic management model. Therefore, research on this theme may help to overcome this model.

Given this, this study is justified, since knowing the perception of the nurses managers about the process, as well as the management models used by them, can help in the exposition of models and forms of management in nursing.

In this context, the following research question was elaborated << What is the perception of nurses in a management position on the nursing management process? >>.

OBJECTIVE

- To know the perception of nurses managers on the management process in nursing.

METHOD

Six nursing professionals in charge of the management of hospitalization units of a University Hospital participated in the study. This is a qualitative, descriptive study carried out in a university hospital in the south of Brazil, a reference in several specialties, with a large number of 291 beds distributed among the hospitalization units.

It assists an average of 10,371 hospitalizations per year. The institution has a total of 200 nurses, 20 of them are in the unit management position.

Six nurses who worked in the management of adult and pediatric hospitalization units during the data collection period participated in the study. Study participants were accessed at the workplace. The data were collected in April 2015, through a semi-structured interview, having as the central question: “How do you perceive the management process performed by the nurses in management positions in this hospital?” The interviews were digitally recorded and later transcribed.

The data were analyzed through the Content Analysis Technique in the Categorical Analysis modality. It allows identifying meanings, enabling to construct the so-called codification units, which later form the categories of the study.

The operationalization of the analysis has three stages: pre-analysis, material exploration, treatment and interpretation of the obtained results. In the pre-analysis, the floating data is read. The exploration of the material occurs by exhaustive reading to identify the most significant expressions, appearing the modalities of codifications. In the treatment and interpretation phase of the results obtained, the already defined coding modalities are analyzed and interpreted. The chromatic analysis was used to organize and analyze the data.

The ethical aspects were based on the Resolution of the National Health Council No. 466 of 2012. The anonymity of the participants was preserved, using the following codification to identify them: letter N (Nurse) followed by a cardinal number in ascending order (N1, N2, N3 … etc). The research began with the approval of the Committee on Ethics in Research under Certificate of Presentation for Ethical Assessment CAAE n° 42474615.4.0000.5346.

RESULTS

Six nursing professionals in charge of the management of hospitalization units of a University Hospital participated in the study.
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work, materials, a suitable environment for the patients, for the nursing team and the multi-professional team. I make the monthly scale of the employees, the daily scale in which the distribution of patients per employee is performed. We anticipate the need for the staff, try to adjust the scale so it has the minimum of personnel, so it has a quality assistance. (N5)

Managerial skills and duties of the nurse manager

This category arose from the following registry units: managerial skills, need for professional experience and knowledge, as well as the duties of the nurse manager. In these, the research participants report what they consider to be necessary for the nurse to manage a unit and what are his duties.

Nurses bring skills that they consider important for the development of management activities in nursing, such as leadership, communication, and continuing education.

There are patients on the respirator, critical patient, so I'm always promoting training. (N1)

The experience I already had and the observation of others made me see that dialogue was the best form of all that I have managed to structure. (N3)

The manager must have the knowledge, be a good leader. (N4)

Also, they pointed out the need for experience to fill the position, stating that professional experience provides conditions to perform the management of the unit.

To manage a unit, you have to be prepared. [...] you have to have a lot of experience. (N2)

Usually, who has experience has more conditions to manage, time of service because it knows the service, the operation. (N6)

Regarding the specific duties of the nurse in a management position, the research participants indicate that the researcher must carry out the material, dimension, and scales of the nursing staff, as well as the organization of the work environment. These activities are performed to achieve quality nursing care.

Managing is to organize the work environment, to avoid lacking something, to have the personnel to

Shared management: Decentralized decisions

This category emerged through the thematic units shared management, meeting, and teamwork. Nurses show that decisions are decentralized, so members of the nursing staff participate actively in the decision-making process. They also report that periodic meetings are held for this purpose.

I try to do a shared management [...] It is a shared leadership where everyone thinks (N1).

We have enough meetings to hear the whole team, to listen to what they [nursing staff] have to say. (N2)

To manage, it is necessary to have someone who is a reference, that people bring the problems, the issues so we can solve them together as a team. When making decisions, it is necessary to have a vision of the whole, a vision of the whole, so we can resolve situations. (N5)

It can also be identified that nurses consider multi-professional teamwork important in the nursing management process.

Management is able to make an interrelationship between the multi-professional team, nursing team, doctors, nutritionists, physiotherapists. (N3)

We have a multi-professional team of residents, which has a social worker, psychologist, nutritionist, physiotherapist, nurse, who works together to meet the needs of patients. (N2)

Care management: dichotomy or dialectic between management and care?

The care management category emerged from the thematic units of the dichotomy
Between management and care, and management and care complement each other.

Some nurses perceive management and care as two distinct roles in the nurses’ work process. That is, there is the nurse who manages the unit and the nurse who provides direct patient care.

Now that we have two or three nurses we share the activities, one stays in the management and the others in the care. (N4)

The person is a manager or is care, the two things together are difficult to do by the accumulation of work. [...] we need more nurses to be able to divide, the two things for a person ends up getting heavy. (N6)

On the other hand, nurses perceive management and care as two complementary activities in the nurses’ work process, as can be seen in the following statements.

Every nurse is a manager, educator, he does care management, assistance management, it is something set. (N1)

Sometimes we talk you’re in charge, you’re just managing. In fact, not only that, there is no way to separate management and care. (N5)

The nurses in charge perceive the management process under three main aspects: managerial skills and nurse manager roles shared management and care management. The results show important contributions that allow an extended discussion about the management carried out by these professionals.

In the first category, they report what they consider to be necessary for the nurse to manage a unit and what are its attributions. They indicate skills that they consider necessary for the performance of the job, the need for professional experience and the duties of the nurse manager.

As managerial skills, they show leadership, communication, and continuing education. A diversity of skills essential to nurses has been highlighted in some studies in the last years6,8 as a way of composing a nurse profile more suited to the needs of the current market.

Leadership has been explored as a theme related to nursing management, considered one of the most important and most cited skills.9,10 It is understood as the ability to combine several characteristics to lead the multi-professional team to a quality assistance to the patient.9

Several are the expected attributes of a nursing leader, such as flexibility, communication, technical, managerial, and relational skills.9 Communication is identified as an important skill needed by the health professional, who has an interpersonal relationship rooted in his daily work, either by relating to the patient, family or other professionals.11

Continuing education appears as a concern of managers and important to the unity of the team and quality of care, configuring as a tool used by the team in its management process. A similar result was found in a study on the dimension of nurses’ work in the hospital environment12, where continuing education was seen as an important process both in care and in the construction of the institutional profile.

When affirming the need for professional experience to occupy the position, the nurses reported that it provides conditions to carry out the management of the unit. That is, they consider the situational knowledge of the work environment as a facilitator for the management process. Another study points out that professional experience can contribute to the nurse being able to manage.1

Regarding the specific duties of the nurse in a management position, the research participants indicate that the researcher must carry out the material forecasting, scaling and scales of the nursing staff, as well as the organization of the work environment; seeking quality in nursing care. In this context, it can be affirmed that nurses are assigned the management of human resources, materials, and care to achieve the quality of care8, corroborating the results of this study.

The nurses show that they seek to carry out management in a shared way, where the decisions are decentralized, so the members of the nursing team participate in the decision making process. Also, they affirm that the development of multi-professional teamwork is relevant.

Jointly developed management based on objectives and goals common to the
collective, without using the authority, can be called shared management. This way of managing seems to be necessary to meet the current changes and requirements of the market and institutions. Also, in this type of management, the multidisciplinary team is considered to build co-responsibility among professionals involved in health production.

Another relevant aspect to be highlighted is the disarticulation of the attendance and management process reported by the nurses. Part of them says that management and care are two distinct roles in the nurses' work process. On the other hand, other nurses show that there is no way to separate management and care.

The managerial performance of the nurse in the care process has the purpose of creating adequate conditions for patient care through the organization of the work process. Thus, it is highlighted that care management occurs in the diagnosis, planning, execution and evaluation care, task delegation, and team supervision.

Nursing care management, in its theoretical conception, involves a dialectical relationship between know-how to manage and know-how to care. The dialectic of the term establishes a set of relationships that result in a dynamic, situational and systemic process that articulates the knowledge of management and care to make possible the existence of an interface between these two objects in professional practice.

In this sense, the concept demonstrates a dialectic between managing and caring and not a dichotomy, a duality, between the two terms. Thus, the concept is not divided into two parts - management and care - however, it is formed by two meanings that at the same time oppose, approximate and complement each other.

Managing and assisting are routine actions for nurses, especially in the hospital environment. Although there is still difficulty in understanding the concept of care management, sometimes it is not understood that this concept refers to the actions of caring and managing as a single process, inducing these professionals to compartmentalize administratively and care actions.

As evidenced by other authors and corroborating the findings of this study, it is still perceived a difficulty by the nurses, regarding the concepts related to the managerial actions of the nursing care.

Given the findings and the discussion, it is possible to highlight shared management as an innovative management model, which allows nurses greater control over professional practice, as well as greater decision-making power.

Thus, it is necessary to think and reflect a form of work organization in which the shared management is an imperative act, and in such a way that the division of labor is replaced by a collective doing, in a democratic way. Therefore, the adoption of this type of management extends the possibility of improving the quality of care.

**CONCLUSION**

Nurses in charge of a university hospital in southern Brazil perceived the management process under three main aspects: Managerial skills and duties of the nurse manager shared management and care management.

They have shown what they consider to be necessary for the nurse to manage a unit and what its duties are. They indicate managerial skills that they consider necessary for the performance of their role (leadership, communication, and continuing education) and need for professional experience. They also reported on their perceptions, what are the specific duties of a nurse manager: materials forecasting, scaling and scales of nursing staff, an organization of the work environment; with the objective of achieving quality in the assistance provided. They also perceived the concern with a management developed jointly with the team, so the multidisciplinary team becomes co-responsible for the quality care to the patient.

Part of the nurses stated that management and care are two duties in the nurses' work process. On the other hand, other nurses show that this dichotomy does not exist. It is still perceived a difficulty by the nurses, regarding the concepts related to the managerial actions of the nursing care; however, this dichotomy needs to be overcome.

The limitations of this study were focused on the number of participants and the university hospital scenario. Therefore, the findings of this study cannot be generalized for all hospital settings.
It is believed that the results of this study may contribute to the discussions about the planning of best nursing management practices in the hospital setting. Also, it is suggested to carry out new research on the subject in different scenarios and from the perspective of different health professionals.

REFERENCES


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