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THE NURSE'S ROLE: RECOGNITION AND PROFESSIONAL APPRECIATION IN THE USER'S VIEW

O TRABALHO DO ENFERMEIRO: RECONHECIMENTO E VALORIZAÇÃO PROFISSIONAL NA VISÃO DO USUÁRIO

EL TRABAJO DEL ENFERMERO: RECONOCIMIENTO Y VALORIZACIÓN PROFESIONAL EN LA VISIÓN DEL USUARIO

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ABSTRACT

Objective: to identify the understanding of users of a university hospital about the role of nurses, in terms of their recognition and professional appreciation. ***Method:*** an exploratory and descriptive study, with a quantitative approach, with 65 users of surgical and clinical wards. The collection instrument was a form and the data was tabulated in the Excel Office program and presented in tables. ***Results:*** there was predominance of females; age group between 55 and 64 years; and low schooling. Participants reported knowing who the nurse is, what their level of education was, but a significant number did not know the composition of the nursing team. On the recognition of nurses' role, it was considered important and positive. ***Conclusion:*** there were contradictions in the users' understanding of nurses' role, because they affirmed knowing who the nurse was, but did not know about their activities. ***Descriptors*:** Occupational Health Nursing; Recognition (Psychology); Nurse's Role; Nursing Staff; Nursing Service, Hospital.

RESUMO

Objetivo*:** identificar o entendimento dos usuários de um hospital universitário sobre o trabalho do enfermeiro, em termos do seu reconhecimento e valorização profissional. ***Método*:** estudo exploratório-descritivo, com abordagem quantitativa, com 65 usuários das enfermarias cirúrgicas e clínicas. O instrumento de coleta foi um formulário. Os dados foram tabulados no programa Excel Office e apresentados em tabelas. ***Resultados*:** houve predominância do sexo feminino; faixa etária entre os 55 e 64 anos; e baixo grau de escolaridade. Os participantes declararam saber quem é o enfermeiro, qual é o seu grau de escolaridade, porém um número significativo não conhecia a composição da equipe de enfermagem. Sobre o reconhecimento do trabalho do enfermeiro, considerou-se importante e positiva. ***Conclusão*:** houve contradições no entendimento dos usuários sobre o trabalho do enfermeiro, pois afirmaram saber quem é o enfermeiro, mas não sabiam sobre suas atividades. ***Descritores: Enfermagem do Trabalho; Recognição (Psicologia); Papel do Profissional de Enfermagem; Recursos Humanos de Enfermagem; Serviço Hospitalar de Enfermagem.

RESUMEN

***Objetivo*:** identificar el entendimiento de los usuarios de un hospital universitario sobre el trabajo del enfermero, referente a su reconocimiento y valorización profesional. ***Método*:** estudio exploratorio-descriptivo, con enfoque cuantitativo, con 65 usuarios de las enfermerías quirúrgicas y clínicas. El instrumento de recolección fue un formulario. Los datos fueron tabulados em el programa Excel Office y presentados en tablas. ***Resultados*:** hubo predominancia del sexo femenino; grupo de edad entre los 55 y 64 años; y bajo grado de escolaridad. Los participantes declararon saber quién es el enfermero, cuál es su grado de escolaridad, pero un número significativo no conocía la composición del equipo de enfermería. Sobre el reconocimiento del trabajo del enfermero, se consideró importante y positiva. ***Conclusión*:** hubo contradicción en el entendimiento de los usuarios sobre el trabajo del enfermero, pues afirmaron saber quién es el enfermero, pero no sabían sobre sus actividades. ***Descriptores*:** Enfermería del Trabajo; Reconocimiento (Psicología); Rol de la Enfermera; Personal de Enfermería; Servicio de Enfermería en Hospital.

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INTRODUCTION

The objective of this study is to understand the point of view of users hospitalized in a university hospital about the role of nurses, considering the recognition and appreciation of this professional. Nurses are important in planning, developing, implementing and organizing the health work process, although they often go unnoticed to users, family members and some workers in the health area. This fact may occur because there is a social and technical division in the nursing team, since this category is composed of professionals with different training and functions, making it difficult to delimit assignments and professional roles, which negatively influences the valorization and professional and social recognition of the nurse.[1]

In addition, the physician is said to be the centralizer and protagonist of the labor process in the organization of health work. In the hospital environment, this professional is the one who releases the beds for hospitalization, who prescribes the therapeutics, who provides discharges and indicates deaths, who dominates the productive activity and holds the power in that work environment, relegating other health professionals to a supporting role, as the current care model is biomedical, centered on drug and surgical therapy. This fact also interferes with the perception of recognition and appreciation of nurses.[2]

Recognition, because it is considered the intermediate term between suffering and pleasure in and by work, has great importance in maintaining the mental health of the worker in front of the labor organization,[3] since the dynamics of recognition in and through work generates innumerable benefits, both for the worker and for labor organization. As a result, the benefits to the mental health of the individuals, the strengthening of their identity, the realization with greater pleasure of their activities and the high quality of the work process are pointed out.[4]

In the context of labor organization and labor process, professional appreciation is essential for the professional to be motivated and increase their productivity, competitiveness and competence.[5]

One of the forms of professional recognition and appreciation is the judgment of usefulness and beauty (or aesthetics) of the work developed by the peers, by the labor organization or by the subject that is intended for the developed activity. In this sense, the judgment is essentially pronounced by the other, resulting in recognition and appreciation of the worker, or otherwise, in devaluation and repudiation for the work performed, negatively impacting the worker's subjectivity.[6]

Considering the initial contextualization about the object, the following research problem was chosen: *what is the user's understanding about the nurse's role?*

Knowing the user's understanding of the nurse's role can help (i) improving the practice of this professional, (ii) assisting clients with better quality and (iii) contributing positively to the labor process and organization in the health area. These beliefs are based on the fact that the user is able to raise previously unanswered considerations and to assist in the analysis of possible mistakes and successes in the dynamics of nursing work, thus helping to generate strategies to strengthen the process of recognition, identity and autonomy of nurses.

In addition, this study makes it possible to discuss a current theme frequently discussed by nursing, both in the academic environment and in the daily practice of nurses, especially considering that professional recognition is a process of dynamic construction, in which successive transformations occur through facts and strategies built by society and by the team as whole.[7]

OBJECTIVE

- To identify the understanding of the users of a general hospital about nurses' role in terms of recognition and professional appreciation of these professionals.

METHOD

This is an exploratory and descriptive study with a quantitative approach, carried out in a public university hospital in the city of Rio de Janeiro. The research was developed specifically in the clinical and surgical wards, and data collection occurred in the period from August to October 2012.

Study participants, randomly selected, were the patients who were hospitalized in the surgical and clinical wards. A total of 65 users agreed to participate in the study. The inclusion criteria of participants were: (i) users hospitalized in the minimum period of 48 hours and (ii) users who received nursing care. The 48-hour period was established because this was considered to be a minimum time for the user to have an understanding about the nurse's role.

Patients (i) who had received nursing training or (ii) who had relatives in the nursing

area were excluded from this study. These criteria were determined because those with this type of training or with that familiarity could be positively influenced to the recognition and appreciation of the nurse. All participants were informed about the objectives and purposes of the research before signing the Free and Informed Consent Form.

Data collection was done through a form filled by the researchers themselves. It was composed of a total of 22 questions, of which eighteen were closed and four were open questions. The form was divided into four parts: I) data on sex, age, schooling, experiences with hospitalizations and type of nursing care received; II) data on the nurse and the nursing team; III) data on the activities developed by the nurse; and IV) data on the nurse and their role as a member of the nursing team.

The information obtained was ordered, organized and later codified and tabulated in the program Excel Office XP® using simple descriptive statistics through the simple and relative frequencies, and presented in table format. The results were then discussed in the light of the theoretical framework of the dynamics of recognition, occupational psychodynamics, nurses' role, among others.

The development of the study met national and international standards of ethics on research involving human subjects. The research was approved by the Research Ethics Committee (Opinion No. 49.3.2012).

RESULTS

The data presented below were presented in the form of tables. In their organization, a logic presentation was adopted in which the socio-demographic information was placed in a single table. Then, the data closely related to the object of study were presented.

The variables sex, age and schooling, which informed the sociodemographic data of the 65 participants of the research, revealed that the population was composed mostly of women (58.5%).

The highest frequency of age of participants was the range between 55 to 64 years, with a mean of 51 years old and a median of 53. Regarding the mode of age, that is, the most frequent age was not only one, but six ages. They were 32, 53, 56, 60, 63, 73, and they repeated 3 times each. The maximum age was 81 and the minimum was 18.

Regarding the level of schooling, the two highest frequencies were incomplete elementary school and complete high school with 26.2% each. Of those interviewed, no one had a postgraduate degree. The study population has a low level of schooling, since there is a significant part of illiterates and people who have incomplete and complete elementary education (50.8%).

Table 1. Distribution of simple and relative frequencies referring to the sociodemographic characteristics of hospitalized users. Rio de Janeiro (RJ), Brazil, 2013.

Variable	N =65	%
Sex		
Female	38	58.5
Male	27	41.5
Age		
15 ├ 25	3	4.6
25 ├ 35	11	16.9
35 ├ 45	9	13.8
45 ├ 55	12	18.5
55 ├ 65	16	24.6
65 ├ 75	9	13.8
75 ├85	5	7.7
Schooling		
Illiterate	10	15.4
Incomplete elementary school	17	26.2
Complete elementary school	6	9.2
Incomplete high school	8	12.3
Complete high school	17	26.2
Incomplete higher education	5	7.7
Complete higher education	2	3.1
Postgraduate degree	0	0.0

The data on the hospitalization of the patients showed that 24.6% never had another hospital admission other than the one they were experiencing at the moment of data collection. On the other hand, the vast majority had experienced other hospital admissions, with a percentage of 75.4%. Of this percentage, the highest number (29-59.2%) was in the range of 1 to 3 admissions.

Only one individual occupied the range of 18 to 21 hospitalizations.

Table 2. Distribution of the simple and relative frequencies referring to the hospitalization data of the study participants. Rio de Janeiro (RJ), Brazil, 2013.

Variable	N=65	%
Previous admission		
Yes	49	75.4
No	16	24.6
Number of admissions	N=49	%
1 ├ 3	29	59.2
3 ├ 6	14	28.6
6 ├ 9	4	8.2
9 ├ 12	1	2.0
12 ├ 15	0	0.0
15 ├ 18	0	0.0
18 ├21	1	2.0

Regarding the information related to the object of study, that is, the knowledge of users about what the nursing professional does, especially the nurse, the following data are explained: engaging or not with nursing professionals; whether the participants can identify the nurse in the dynamics of hospital and nursing work; the level of schooling demanded for a nurse; and finally, the knowledge about the composition of the nursing team.

The results showed that most users, 69.2%, do not engage with nursing professionals and that the same percentage of participants (69.2%) was able to identify who the nurse is in the dynamics of hospital and nursing work.

Regarding the minimum level of education that the nurse must have, the highest percentage (64.6%) of the participants knew that the nurse is a higher-educated professional. However, 33.9% did not know the correct level of education, and high school (26.2%) and elementary education (7.7%), respectively, appeared among the answers. Nevertheless, this table also shows that 58.5% knew that the nursing team is composed of nurses, nursing technicians and nursing assistants. However, a similar percentage did not know the composition of the team (41.4%).

Table 3. Distribution of simple and relative frequencies referring to the users' knowledge about the nurse. Rio de Janeiro (RJ), Brazil, 2013.

Variable	N =65	%
Engaging with nursing professionals		
Yes	20	30.8
No	45	69.2
Users knowing who the nursing professional is		
Yes	45	69.2
No	20	30.8
Minimum level of education for the nurse		
Elementary School	5	7.7
High School	17	26.2
Higher education	42	64.6
Did not know the answer	1	1.5
Users knowing the composition of the nursing team		
Yes	38	58.5
No	27	41.5

In addition, when asked whether nursing professionals introduced themselves as nurses before performing the care, the participants of the study stated that this was a recurring practice of the majority - 32 (49.2%) - of the nursing team.

Respondents stated that always - 21 (32.3%) - or most of the time - 22 (33.8%) - they recognized these activities. They were then asked to list three of these activities in order to try to identify them. The most mentioned action was medication administration, 21 times (32.3%) cited as the first most important activity; 16 times (24.6%) as the second most important activity; and 14 times (21.5%) as the third most important activity.

The second most cited activity was wound care: 15 (23.1%) interviewees understood it as the first most important; 9 (13.8%) as the second most important; and 9 (13.8%) as the third most important activity.

The third most mentioned activity was personal hygiene of the client: seven interviewees (10.8%) identified it as the first most important; eight (12.3%) as the second in order of importance; and 10 (15.4%) as the third most important.

Finally, the fourth most cited activity was welcoming the patient: five (7.7%) of the interviewees understood it as the most relevant; nine (13.8%) as the second most important activity; and eight (12.3%) as the third most important activity.

Supervision and leadership, exclusive activities of the nurse, were mentioned by only five (7.7%) and four (6.2%) respondents, respectively.

Table 4. Simple and relative frequency of the list of activities developed by the nurse according to the opinion of hospitalized clients. Rio de Janeiro, (RJ), Brazil, 2013.

1st List of activities	N=65	%
Administering medication	21	32.3
Wound care	15	23.1
User's personal hygiene	7	10.8
Welcoming the patient	5	7.7
Assessing the patient	5	7.7
Blood collection	4	6.2
Vital signs	3	4.6
Assisting the physician	1	1.5
First aid	1	1.5
Venous puncture	1	1.5
Nasal and bladder catheterization	1	1.5
Did not answer	1	1.5
2nd List of activities	N=65	%
Administering medication	16	24.6
Welcoming the patient	9	13.8
Wound care	9	13.8
User's personal hygiene	8	12.3
Vital signs	7	10.8
Nursing leadership and supervision	5	7.7
Venous puncture	3	4.6
Did not answer	2	3.1
Assessing the patient	2	3.1
Providing oxygen therapy	1	1.5
First aid	1	1.5
Catheter withdrawal	1	1.5
Working together with physicians	1	1.5
3rd List of activities	N=65	%
Administering medication	14	21.5
User's personal hygiene	10	15.4
Wound care	9	13.8
Welcoming the patient	8	12.3
Assessing the patient	5	7.7
Nursing leadership and supervision	4	6.2
Vital signs	4	6.2
Did not answer	3	4.6
Physical exam	3	4.6
First aid	2	3.1
Cleaning the floor	1	1.5
Removing stitches	1	1.5
Being a good professional	1	1.5

Most participants - 63 (96.9%) - considered the role of the nurse as a member of the health team to be relevant, and mentioned the excellence of nurses' work in the hospital where they were hospitalized.

After this questioning, users were asked to list the words that represented the nurses' work. The words were grouped into categories and the most significant are: work of excellence (which refers to technical activities provided to clients) is cited 20 times (30.8%); feelings of positive affection (such as the willingness to thank and embrace the team), seventeen times (26.2%); and empathic characteristics (the affinity that was sometimes developed towards some professionals), fifteen times (23.1%).

Finally, participants highlighted the poor conditions of the nurses' work (with regard to the workload) - 9.2% (6); and the purely technical view of some professionals (which refers to the care provided mechanically or technically, without any concern by the professional with the subjectivity of the client) - 4.6%.

DISCUSSION

Most of the participants in this survey were women. This is related to the fact that women, in general, care more about health than men and use health services regularly. This reality is not only of the population of this study, but of the entire country. Therefore, several scientific and health entities joined the Ministry of Health to create in 2008 the National Policy of Comprehensive Care to Men's Health with the purpose of changing this framework.[8]

Regarding the age group of the population, the most expressive age range was 55 to 64 years, that is, people who are in transition from adult to the elderly life. According to the Brazilian Institute of Geography and Statistics (IBGE), in the Brazilian census conducted in 2010, the Brazilian population changed its age profile with an increase in the elderly population in our country.[9]

Another phenomenon resulting from this characteristic of the age pyramid is the increase, in this age range, in the number of non-transmissible chronic diseases (such as hypertension, diabetes and cancer), which has an effect on the increase in hospitalization and re-hospitalization rates, as well as on the increase of the demand for health services by the adult and the elderly population. This analysis contributes to the understanding of the number of hospitalizations experienced by the study participants, who, on average, had a large number of readmissions.[10]

In relation to the educational level, there was a high number of people with low formal education, including a percentage of 15.4% of illiterates, although the level of schooling of the Brazilian population had grown up. In 2000, the illiteracy rate in the Brazilian population was 65.1%; in 2010, that number decreased to 50.2%. Although there has been an increase in schooling, the schooling of a significant portion of the population is still precarious.[9]

This is a complicating fact in relation to what the present research investigates, because the media does little to distinguish the professional roles of the three categories that compose the nursing team and the inherent role of the nurse. Thus, the educational characteristics of the researched population, together with the lack of information available by the media, can be a factor that hinders the proper distinction between the tasks of nurses, nursing assistants and nursing technicians.[11]

Data on participants' knowledge of nurses' work demonstrate some contradictory issues. Regarding the minimum level of education required to obtain a nurse degree, most participants demonstrated knowing that complete higher education is needed. However, an expressive percentage, more than 40% of users analyzed, stated that they did not know the composition of the nursing team. Therefore, this is a paradoxical aspect, since they reported that the nurse must have a higher level of education but they did not know who the team members were and the level of education of each one of them.

Another study discussing the professional identity of the nurse emphasizes that it often occurs the overlapping of the attribution of nurse with other nursing professionals, as well as with other professionals in the multidisciplinary team. In addition, the nurse's work object, that is, the care, is not fully consolidated in the view of users and professionals, which causes some damage to the strengthening of their professional identification.[12]

One of the reasons for the difficulty of differentiating roles among the members of the nursing team by the users is the professional conduct of the nurse, who is more distanced from direct care to the patient due to the high number of administrative tasks and to the smaller number of nurses compared to the other members of the nursing team.[11] According to the Regional Nursing Council of Rio de Janeiro (COREN-RJ), in 2012, only 18% of the population of professionals registered in the Council were nurses, while 51% were technicians and 31% were nursing assistants.[13]

Still on this issue of the difficulty of differentiating roles, there has been a distortion in this "full knowledge", since the category itself suffers from confusions of roles between the team itself and often brings attributions of other health professionals.[2]

More than half of the nursing professionals identified themselves when carrying out the care; however, when adding the categories sometimes and never, almost half of the nursing team does not identify itself before providing care to the users of the service. Some authors consider this a concerning data and warn that there are legal aspects about the lack of professional identification and the performance of some procedure in the patient.[2-11]

Participants were asked to list the activities they considered exclusive to nurses in order to identify them. Among all, the one that had the most prominence was "administering medication". This activity is directly related to the dynamics of nursing

work, since the administration of medication (regardless of its route of administration: oral, intramuscular and/or intravenous) is a practice performed mostly by nursing technicians and assistants. However, there was some distortion in the participants' perception, since the nurses in the researched institution do not perform this type of care, except in special cases.[14]

Other activities that stood out were the personal hygiene of the client and wound care, which are present in the routine work of the nursing team. Wound care is the exclusive competence of the nurse; however, hygiene is not, since the professional who provides this type of care is usually the technician or the nursing assistant. Aspects such as nursing leadership and supervision did not have highlights in the study participants' comments, although these are activities predominantly performed by nurses.[15]

When participants were asked to mention words they could use to describe the nurse practitioner, most said they had positive feelings of affection, that it was an appreciated work and of excellence. Also, they stated the importance of empathic characteristics directed to the nurse. Previous research highlights that clients/users often relate the nurse's figure to a vision of caring, affection, friendship and protection. The nurse is still remembered as the professional who is closest to them, knowing their needs and, therefore, they are important and recognized positively in health work.[1-15]

This feeling refers to the different dimensions of recognition. The first is related to the sense of *verification*, defined as "recognition of the reality that represents the individual contribution, specific to the labor organization "; that is, it is necessary that those hierarchically involved in the labor organization admit their failures in the work process and recognize the importance of the worker in this organization.[3] This could not be observed in this work.

The second dimension is in relation to the sense of *gratitude*, that is, to recognize the contribution of workers in the labor organization [3]. This dimension became evident. The contact with the user and the establishment of an interpersonal and subjective relationship in the care process allowed the group to identification the nurse professional; that is, as it had already been identified in another study, the nurse is recognized when providing care and when in direct contact with the patient.[16]

CONCLUSION

Regarding the knowledge that users have about the nurse, there were some contradictions, since they affirmed knowing who the nurse was and the majority had correctly indicated their schooling, however, a significant part of the participants did not know the composition of the nursing team and the activities developed by the nurse. Another corroboration of this conclusion was the fact that few times they could identify who are the members of the nursing team, who, on the other hand, had not identified themselves at the time of providing care.

Based on these data, nurses must be responsible in their professional practice, promoting actions that generate greater recognition of the profession, of their attributions and of their role in the work process in the health area. The adoption of this behavior as "natural", instituted in society, as identifying themselves by means of the notification of their name and function, contributes to generating greater recognition and learning about nursing and the nurse. Such conduct can serve as a strategy for the user to know what the nurse does, valuing their professional performance in the health context.

This study is expected to stimulate others on the subject, raising awareness of students, teachers and researchers. Thus, further studies with a larger number of participants must be carried out, since a limitation of this study was a sample with a small number of users, making it impossible to generalize the findings. Studies addressing the gender perspective, which is another limitation of this research, are also needed in order to capture differences in the perception between men and women about nursing work.

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