



## SUPERVISED TRAINING OF ADMINISTRATION AND MANAGEMENT IN NURSING AND HEALTH: REPORT OF AN ACADEMIC EXPERIENCE

### ESTÁGIO SUPERVISIONADO DE GESTÃO E GERENCIAMENTO EM ENFERMAGEM E SAÚDE: RELATO DE UMA EXPERIÊNCIA ACADÊMICA

#### PRÁCTICA SUPERVISADA DE ADMINISTRACIÓN Y GESTIÓN DE ENFERMERÍA Y SALUD: RELATO DE UNA EXPERIENCIA ACADÉMICA

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#### ABSTRACT

**Objective:** to describe the actions developed by a group of nursing academics in a curricular component of Supervised Training directed to the practice of administration and management in health and nursing. **Methodology:** this is an experience report developed during the disciplines of Supervised Training I, of the seventh stage of the Graduate Nursing Course from *Universidade Federal de Santa Catarina*. Three topics were organized to present and discuss the actions developed in SCT, according to the guiding objectives: 1) Development of management skills of nursing care; 2) Monitoring and execution of duties of the headship of nursing, and 3) Visit to the horizontal structuring basic hospital services. **Results:** the students experienced the functions of the headship of nursing (manager) in a hospitalization unit and the assistential activities, direct and indirect, to the patients, executing nursing records under the perspective of the Systematization of Nursing Care. Among the managerial activities developed, we could include: design of the nursing staff, materials management and preparation of memorandums. **Conclusion:** it is understood the role of nurses in the organization, coordination, planning, execution of nursing staff's activities, of the physical structure of the sector and the organizational context for excellence of care in hospital context. **Descriptors:** management; nursing professional role; education in nursing; health management.

#### RESUMO

**Objetivo:** descrever as ações desenvolvidas por acadêmicos de enfermagem em um componente curricular de Estágio Curricular Supervisionado voltado à prática de gestão e gerenciamento em saúde e enfermagem. **Metodologia:** relato analítico e reflexivo desenvolvido a partir das experiências de um grupo de acadêmicos de enfermagem durante a realização dos componentes curriculares Gestão e Gerenciamento em Saúde e Enfermagem e Estágio Supervisionado I, da sétima fase do Curso de Graduação em Enfermagem da Universidade Federal de Santa Catarina. Para apresentar e discutir as ações desenvolvidas no ECS organizaram-se três tópicos: 1) Desenvolvimento de habilidades de gestão da assistência de enfermagem; 2) Acompanhamento e realização das atribuições da chefia de enfermagem; e; 3) Visita aos serviços hospitalares estruturantes horizontais básicos. **Resultados:** vivenciaram-se as atribuições da chefia de enfermagem em uma unidade de internação hospitalar e as atividades assistenciais, diretas e indiretas, aos pacientes, executando registros de enfermagem sob a ótica da Sistematização da Assistência de Enfermagem. Entre as atividades gerenciais desenvolvidas destacam-se: dimensionamento da equipe de enfermagem, gerenciamento de materiais e elaboração de memorandos. **Conclusão:** compreendeu-se a atuação do enfermeiro na organização, coordenação, planejamento e execução de atividades da equipe de enfermagem, da estrutura física do setor e do contexto organizacional visando a excelência do cuidado no contexto hospitalar. **Descritores:** gerência; papel do profissional de enfermagem; educação em enfermagem; gestão em saúde.

#### RESUMEN

**Objetivo:** describir las acciones realizadas por estudiantes de Enfermería en un componente curricular de práctica supervisada de administración y gestión en salud y enfermería. **Metodología:** relato de experiencia desarrollado durante las disciplinas de Gestión y Gerencia en Salud y Enfermería y Práctica Supervisada I de la Carrera de Enfermería de la Universidad Federal de Santa Catarina. Para presentar y discutir las acciones desarrolladas durante la Prácticas Supervisada I, se organizaron tres tópicos: 1) desarrollo de habilidades de gestión del cuidado de enfermería; 2) seguimiento y realización de las funciones de la gerencia de enfermería; y 3) visita a los servicios hospitalarios consolidados horizontales básicos. **Resultados:** se experimentaron las competencias del gerente de enfermería y las actividades asistenciales directas e indirectas a los pacientes, con realización de los registros de enfermería desde la perspectiva de la Sistematización de la Asistencia de Enfermería. Las actividades gerenciales realizadas incluyeron: elaboración de la escala de trabajo de enfermería, dimensionamiento del personal de enfermería, gestión de materiales y elaboración de memorandos. **Conclusión:** se comprendió la actuación del enfermero gerente en la organización, coordinación, planificación y ejecución de las actividades de enfermería, la estructura física y contexto organizacional para la excelencia del cuidado a los pacientes hospitalizados. **Descritores:** Gerencia; rol de la enfermera; educación en enfermería; gestión em salud.

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## INTRODUCTION

The National Curriculum Guidelines for Graduate Nursing Courses establish, beyond the development of theoretical and practical contents, the Supervised Curricular Training (SCT), which must be performed in general and specialized hospitals, clinics, the basic health services and community, totalizing a minimum workload equivalent to 20% of the total workload of the course. In developing its program and the process of supervision of the student, by the teacher, it should be ensured the effective participation of nurses in the health service from which is developed the aforementioned stage.<sup>1</sup>

The SCT must be contemplated as a didactic procedure that gives opportunity to locate, observe and apply, carefully and thoughtfully, principles and theoretical and practical references assimilated throughout the course, being essential to have an inter-relationship between theory and practice, without losing sight of reality in where it is inserted. Different, therefore, of the theoretical and practical classes, which are pedagogical resources aimed at implementation / expansion of knowledge obtained in each component of the curriculum and the improvement of skills / handicrafts, by means of direct monitoring of the teacher.<sup>1,2</sup>

Due to these characteristics, the SCT configured as an important academic activity for the professional training of nurses, because it puts the student in direct contact with the world of work, allowing its personal and professional development, and consolidation of knowledge acquired throughout the course.<sup>1</sup> Moreover, it contributes directly to building the profile of the undergraduate recommended by the current National Curriculum Guidelines for the training in nursing, advocating the exercise of the following competences and general skills: health care, decision making, communication, leadership, administration and management and continuing education. Among these six competencies, five can be characterized as managerial skills, which points to the importance of management in nursing training.<sup>3,4</sup>

The definition of these competencies will meet the changes in the world of work, in organizations in general and in health institutions and highlights the need to incorporate new knowledge and skills to the managerial practice of nurses, as relational competence, ethics, politics and humanist.

Thus, we clarify the need to develop innovative and interactive ways of managing in nursing, which seek to overcome institutionalized boundaries of the traditional care, based on administrative procedures founded on determinist and positivist thinking of past times.<sup>5,6</sup>

For this purpose, the SCT represents an excellent opportunity to lead students to develop administrative skills in contact, at the same time, with theory and reality of health services, from an interpretive and interactive relation, providing diverse experiences to undergraduates during the training time. Thus, this article aims to describe the actions performed by a group of nursing academics in an ECS directed to the practice of administration and management in health and nursing.

## METHODOLOGICAL ASPECTS

This is an analytical and reflective report developed from the experiences of a group of nursing academics during the execution of the curriculum components: Administration and Management in Health and Nursing and Supervised Training I, of the seventh phase of the Graduate Nursing Course at the *Universidade Federal de Santa Catarina - UFSC*.

These curriculum components are delivered in an articulate and integrated mode, aiming to create opportunities for students to develop knowledge and managerial skills to take initiative and become entrepreneurs, managers or team leaders of health and nursing. Aiming for the generalist training, the workload of the SCT is divided between hospital care (162h) and basic care (108h).

This article focuses on the work developed in the Inpatient Surgical Unit I (ISU-I), *Hospital Universitário Polydoro Ernani de São Thiago*, Florianópolis, SC/Brazil, in the second half of 2011. This sector has 30 beds for patients in chronic or acute process which require surgical intervention. The nursing team consists of eight nurses, 20 nursing technicians and four nursing assistants.

To present and discuss the actions developed in SCT, three topics were organized according to the guiding objectives: 1) Development of management skills of nursing care; 2) Monitoring and execution of the duties of the headship of nursing, and 3) visit to the horizontal structuring basic hospital services.

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## • Development of management skills of nursing care

The administration of nursing care or nursing care management involves the coordination and systematization of the provision of quality care, which must be planned, analyzed and evaluated, keeping in mind that the successful of management of this care is achieved only through people and

in a constant human interaction.<sup>7</sup> For developing the skills needed to manage the nursing care, we seek to enter in the managerial and care contexts of the ISU-I and observe and assist the nurses in their daily work. The main activities related to the management of nursing care performed are summarized in Figure 1.

Activities related to the management of nursing care performed
<ul style="list-style-type: none"> <li>• Knowledge, analysis and application of components of the nursing care policy through the systematization of nursing care.</li> <li>• Receiving and duty change of the nursing team.</li> <li>• Evaluation of the clinical condition, definition of degree of care needs of patients assisted and interventions in these cases and situations.</li> <li>• Execution of complex nursing cares and exclusives of the professional nurse.</li> <li>• Providing the admission of patients, internal referrals and guidance for hospital discharge.</li> <li>• Survey of the tests most commonly performed in the unit, becoming aware of their procedures for preparation.</li> <li>• Guidance to patients regarding to the cares and preparations made in the pre-operative, intra-operative and post-operative periods.</li> </ul>

Figure 1. Synthesis of activities related to the management of nursing care performed during the training.

The execution of management activities of nursing care has allowed us to understand the managerial dimension as inherent to the professional practice of nurses and, demystify the vision built over the previous semesters that management is the responsibility of head nurses and the care is the responsibility of assistential nurses. In ISU-I, the head nurse (manager) often accompany the duty change, make visits to patients at the beginning of the shift along with the other nurses and it is constantly in contact with the nursing staff to obtain the information necessary for the management of care, which shows how important it is that nurses know the reality in which it is inserted to make the management of assistance.

Thereby, we corroborate the assumptions expressed in the literature which point out that management appears as an activity "means" for the activity "end" which is the care, so that care management is based on the articulation between the assistential dimension and the managerial dimension to meet patient care needs and objectives of the institution and the nursing staff<sup>(8-10)</sup>. The management of care involves having it as the focus of professional actions and using the administrative processes and technologies towards its implementation, through direct action with the users or through delegation and articulation of activities with other professionals of the health care team. The nurse manages care when plans, delegates or does it; when predict and provides resources, enables the nursing team and interacts with other professionals, articulating and negotiating the execution of assistance in the pursuit of improvements of care.<sup>8-10</sup>

For the management of care is carried out

efficiently and effectively, the Nursing Care Systematization (NCS) shows up as an instrument of extreme importance, because it allows the optimization of nursing care in an organized, dynamic and competent way, involving the patient in a sphere of cares. Throughout the training, we developed daily the NCS, through the construction of nursing records, nursing prescription, nursing implementation and evaluation. Nursing care is defined as the systematic way of organizing the service, to give a direction to actions, specificity, scientificity and, yet, as a tool for evaluation the work process of nursing.<sup>11</sup> Furthermore, the NCS allows the association between theory and practice, contributing to the improvement of cognitive and psychomotor skills of nursing professionals, as it is used always in the light of a theoretical reference of nursing.<sup>12</sup> In the institution where the training was performed, the Theory of Basic Human Needs from Wanda de Aguiar Horta is used for performing the NCS. Beyond the NCS, the performance of activities that are imbued to the assistential nurse, such as internments, scheduling of medical prescriptions, control of psychotropic medications, bladder catheterization, gastric and fasting examinations and collection of blood gases, among others, was important to mark and extend the learning already acquired in previous semesters.

## • Monitoring and performance of the duties of headship of nursing

When we follow the duties of the headship of nursing, realized how broad is the scope of actions performed by the head nurse (manager) and the importance of its work for the smooth running of the unit and for that the care is carried out satisfactorily and

without risk to patients. The main duties of the headship of nursing performed during the

training are summarized in Figure 2.

Duties of the headship of nursing performed
<ul style="list-style-type: none"> <li>• Activities of organization of the nursing center and organization of nursing care materials.</li> <li>• Participation in the preparation of the monthly scale of work of the unit.</li> <li>• Knowledge and contribution to the implementation of the planning of the unit.</li> <li>• Knowledge on the nursing team and contribution to the improvement of the teamwork.</li> <li>• Knowledge and zeal for the right dynamic of the workings of the unit, such as: working hours, organization of shifts, and distribution of staff to patient care, and rights and duties of professionals.</li> <li>• Knowledge and application of administrative rules, in general, coupled with relations with other sectors and professionals involved in care.</li> <li>• Knowledge of and participation in management of the number of accumulated hours, absences, delays, health certificates, several licenses and day offs of the nursing staff.</li> <li>• Analysis on the adequacy of the design of the nursing team.</li> <li>• Referrals with regards to the materials, repairs and physical infrastructure.</li> <li>• Participation in the meetings and supervision of the nursing staff.</li> <li>• Proposition and participation in initiatives for qualification and education in health.</li> <li>• Knowledge and zeal for the accomplishment of measures aimed at patient safety, professionals and the environment.</li> <li>• Knowledge and application, according to the feasibility, planning and guidelines of the institution as a whole, specially, the governing body of nursing.</li> </ul>

Figure 2. Synthesis of the responsibilities of the headship of nursing performed during the training.

The management of the nursing staff is the primary role among the duties of the head nurse (manager) and among the activities in this area, the realization of the scale of the nursing staff has a special importance. In ISU-I, the scale of work is prepared in a participatory way. All employees have the opportunity to express their preferences and in accordance with the possibilities they are attended and / or rearrangements are attempted. Track the performance of a work schedule was a great experience, because we perceive the various aspects that should be considered for its elaboration, in order to meet the needs of the unit, being favorable to employees and ensuring quality of care through the suitable quantity of staff. Moreover, it is also important since, for its realization, negotiation and execution many issues are involved such as: labor nature, influence on the organization of personal life and relations among team members.<sup>13</sup>

The prediction and provision of materials was another activity that aroused our interest, because we did not know the way to lead this process within the institution. Firstly, the materials that needed to be replaced in the unit were surveyed and based on that information, we made the request. To achieve this activity, it is necessary to be aware on the materials that are used in the work process of the unit, for that the requisition of materials performed will not made with more or less proportion than the amount necessary. Thus, it is avoided that large stocks of material is kept in the unit, due to lack of space and also to neutralize the waste of materials. The predicted amount of material wasted by the unit and a detailed analysis to determine the sufficiency of the materials is one of the main managerial actions of nurses in the hospital context,<sup>9,10,14</sup> enhancing that the nurse should

be aware of the periods of highest peak of procedures, always relating them with the bed occupancy rate and specificities of procedures, in order to aim the requisition of materials according to the planned demand.

Another activity that is the responsibility of the leadership / management of nursing is the zeal for the physical structure of the unit, and it is necessary to observe, constantly, if the physical spaces are adequate for the reception of patients or for the provision of care. Throughout the training, we had the opportunity to make a survey on different materials and damaged equipment, and from this ratio, made the request for exchange and the requisition for the repair, in fact experiencing the difficulties and realities in the conduct of the management of a hospital sector. In their managerial exercise, the nurse must have the ability to promote the necessary articulations, seeking the negotiation between the parties, so that the work brings positive results, considering the individual needs of professionals involved in the care, of the patients and health institution.<sup>15-6</sup>

Therefore, from the monitoring and realization of the duties of the headship of nursing in the ISU-I, we noted that the head nurse (manager) is directly responsible for human resource management, materials management, management of physical infrastructure of the unit, communication with other sectors of the hospital and with team members, taking a leading role in the functional life of the hospital sectors.

#### • Visit to the horizontal structuring basic hospital services

The hospital structure is built from structuring horizontal basic services, among them: the nutrition sector, warehouse, laundry, hygiene and pharmacy, since such

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services complement and ensure sometimes subjectively, sometimes objectively the care and / or entire treatment to the patient, leaving characterized that the inseparable set of these sectors with others in the hospital are also responsible for the recovery and rehabilitation of patients.

With a view to deepen the understanding of the functional operationalization of each sector, it becomes essential to carry out site visits *in loco*, in order to comprehend and understand the dynamics, logistics, and divisions of labor, as well as view the main difficulties which permeate the actions of these sectors in their daily lives, since that the nurses, particularly, nursing management, have the obligation and duty of knowing and understand the relations that these sectors perpetrate in planning and execution of the care actions.

At the department of nutrition and dietetics, firstly, we observed the location (ground floor), designed and conceived as a strategic point to facilitate the logistics due to the receipt of external foods, storage, preparation and distribution of the final product. Also we perceived that there is a clear organization in the systematic of services among the professionals, as well as the storage form of groceries (provisions), because the storage of non-perishable foods is arranged so that they are used by order of validity, and the supply of these storage performed from a monthly calendar, made by third party companies contracted by means of public bidding.

Continuing the technical visits to the structuring services of the hospital, the next environment visited was the warehouse. This sector has direct involvement in the actions of nursing care, since all the material used is selected and purchased by the warehouse staff, who consult, whenever it is necessary, the nursing staff to evaluate the material acquired. A closer approximation of nursing team with the warehouse staff is made by the Standing Committee of Assistance Material - *Comissão Permanente de Materiais de Assistência* (CPMA), because it is through her that the nurse has the opportunity to request, by means of a reasoned justification, the need to increase quotas of materials and purchasing of specific materials, in order to qualify for the provision of assistance and the nursing cares.

The whole organization and work process of the warehouse are managed of a computerized and interconnected way with all sectors of the hospital. Through this

organization, the materials are released by means of requisition, enabling the Operational System to Requisitions of Materials - *Sistema Operacional para Pedidos de Materiais* (SAM), it is a software which manages and organizes the operations, dispensing the materials, according to the internal flow of the hospital, since each sector is ruled by pre-established dates for requisitions and requests, divided into the following categories: weekly, fortnightly and monthly, according to the specificity of the requested material.

After appropriation of the knowledge of functionality of the warehouse and their inter-relations with other sectors of the hospital, it was considered necessary to extend the visit for the hospital laundry, which also makes direct interdependency in the care actions. In the laundry, it is clear the concern about the precautions during the separation and handling of the hospital clothes, because its internal space is divided into two environments, the clean and dirty areas. In the dirty area, occurs the separation of the clothes, collected in the units, according to the degree of dirtiness. After they are separated, the clothes are weighed and put to wash. Then, the clothes come out of the dirty area, go to the clean area to be dry, and, subsequently, they are separated by their specific sectors and specificities.

We should emphasize the importance of laundry in the development of assistance activities and care, in this sense, there is the need to highlight that, after the distribution of the clean clothes in hospital units, when at the time of their gathering, after the count, it is evidenced daily a smaller number of parts taken in relation to the parts delivered. That is to say, unfortunately there is irresponsibility. But, without the pretension to perform any form of judgment in relation to the responsibility of those who illegally takes over ownership of the clothes, this erroneous act represents a great cost to public coffers, as well as directly affect the quality in the care for the patients.

To finalize the roadmap for the technical visits by structuring sectors of the hospital, knowing the pharmacy with its flows and work processes was essential to us, since it is one of the sectors that have close relations with nursing in the hospital environment. In order to better and greater dynamic with other sectors of the hospital, the pharmacy is structured from an internal design that fosters the relations with other hospital services.

It should be noted that the pharmacy is self-sufficient in the purchasing of

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medicaments, following the same process performed by the warehouse, that is to say, any product is purchased from biddings. At the end of the bidding process and / or purchasing of medicaments, all products purchased pass through the pharmaceutical supply center - *Central de Abastecimento Farmacêutico* (CAF), where the received medicaments are stored, both the input and the output of these medicaments are registered, before being directed to dispensation, which is the main link between the pharmacy and the nursing units. In the dispensation, the team has a strict control over the output of medication, because none medicament is released without a label including the name of the medicinal drug, the laboratory of origin, expiration date, lot and destination, confirming the commitment and the zeal of professionals in the control of those medicaments.

At the end of the technical visit to the structuring horizontal sectors of the hospital, we could recognize that the nursing flags as the approach among the hospital sectors, since it is through it that much of the essential activities take place, making possible the relations between the hospital sectors designed from the management of nursing care.

#### FINAL CONSIDERATIONS

During the activities of the Supervised Training I, we experienced the duties of the headship of nursing in a hospitalization unit. The developed activities provided a better understanding of the role of the head nurse (manager) in the organization, coordination, planning and execution of activities of the nursing staff, of the physical structure of the sector and organizational context as a whole, and of the supervision in providing quality services to the individuals hospitalized.

Besides carrying out activities of nursing management, we developed bureaucratic skills, performed assistential practical activities, direct and indirect, to the patients, executing nursing records under the perspective of the NCS, according to the Theory of Basic Human Needs from Wanda de Aguiar Horta. In face of the above mentioned, we believe that the head nurse (manager) must present skills that address the combination of supervision and control of a nursing care with quality, a clear and expanded perception on the health institution, a critical thinking about reality, initiative for production of new knowledge and technologies, elaboration of strategies for resolute actions in face of the identified

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weaknesses and problems, motivational profile and relational skills.

One of the aspects which contributed in monitoring and execution of managerial activities during the SCT period, was the responsiveness and availability of the head nurse of the ISU-I. Furthermore, the knowledge and experience of nurses of the unit were very useful, because they were always willing to help and encourage us by means of criticism or suggestions, aiming to help in our evolution as academics and also our global understanding about the unit.

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