

NURSE'S WORK IN THE HOSPITAL ENVIRONMENT: ANALYSIS OF UNFAVORABLE CHARACTERISTICS

Trabalho do enfermeiro no ambiente hospitalar: análise de características desfavoráveis

Trabajo de lo enfermero en el entorno hospitalario: análisis de características desfavorables

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ABSTRACT

Objective: To analyze the unfavorable characteristics of the nurse's professional practice in the hospital environment. **Method:** it is a mixed-method research, with parallel-convergent strategy. The quantitative data was collected with 106 nurses from a University Hospital in the South of Brazil, using the Revised Brazilian Nursing Work Index (R-B-NWI) and analyzed using descriptive statistics. To collect the qualitative data, 25 semi-structured interviews were carried out, which were submitted to thematic analysis. **Results:** the unfavorable characteristics of the professional practice of nurses in the hospital environment are related mainly to the insufficient quantity of professionals for the work and lack of organizational support. The difficulties that most stood out were related to the use of nursing diagnoses, and lack of support services. **Conclusion:** the difficulties evidenced interfere in the professional practice of the nurse and can also affect the efficient and safe care to the patients, as well as the satisfaction to the professionals.

Descriptors: Nursing, Hospitals, Working environment, Professional practice, Nursing care.

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RESUMO

Objetivo: Analisar as características desfavoráveis do ambiente de trabalho do enfermeiro no contexto hospitalar. **Método:** trata-se de uma pesquisa de método misto, com estratégia paralelo-convergente. Os dados quantitativos foram coletados com 106 enfermeiros de um Hospital Universitário do Sul do Brasil, por meio da utilização do Brazilian Nursing Work Index Revised e analisados mediante estatística descritiva. Para coleta dos dados qualitativos, realizaram-se 25 entrevistas semiestruturadas, as quais foram submetidas à análise temática. **Resultados:** as características desfavoráveis do trabalho do enfermeiro no ambiente hospitalar estão relacionadas, principalmente, ao quantitativo insuficiente de profissionais e falta de suporte organizacional. Sobressaíram-se dificuldades relacionadas ao uso de diagnósticos de enfermagem e falta de suporte de serviços de apoio. **Conclusão:** as dificuldades evidenciadas interferem na prática profissional do enfermeiro e podem também afetar o atendimento eficiente e seguro aos pacientes.

Descritores: Enfermagem, Hospitais, Ambiente de trabalho, Prática profissional, Cuidados de enfermagem.

RESUMEN

Objetivo: Analizar las características desfavorables del trabajo de lo enfermero en el entorno hospitalario. **Método:** esta es una investigación de método mixto con estrategia convergente-paralela. Los datos cuantitativos fueron recogido de 106 enfermeras de un Hospital Universitario en el sur de Brasil a través del uso de Brazilian Nursing Work Index Revised (B-NWI-R) y se analizaron mediante estadísticas descriptivas. Para coleccion de los datos cualitativos, se realizaron 25 entrevistas semiestruturadas y se sometieron a análisis temático. **Resultados:** las características desfavorables del trabajo de lo enfermero en el entorno hospitalario están relacionadas, principalmente con el número insuficiente de profesionales y la falta de apoyo organizativo. Las dificultades que surgieron relacionadas con el uso de diagnósticos de enfermería y la falta de soporte de los servicios de apoyo. **Conclusión:** las dificultades evidenciadas interfieren en la práctica profesional y pueden afectar la atención eficiente y segura de los pacientes.

Descriptores: Enfermería, Hospitales, Ambiente de trabajo, Prática profesional, Cuidados de enfermeira.

INTRODUCTION

The professional practice environment can be defined as the characteristics that facilitate and / or limit the nurse's work. These characteristics are influenced by aspects such as: management model, infrastructure, care models, organizational culture and the availability of resources from the institution or health service, which can impact the performance of nurses, organizational results and patient care.¹⁻²

Studies carried out in different countries have shown that work environments with favorable characteristics enable greater job satisfaction and a lower level of burnout among nurses. In relation to patients, there is a decrease in mortality rates and greater satisfaction with the care received. For the institutions, there is a decrease in absenteeism and turnover rates.^{2,4} Thus, the search to improve the professional practice environment of nursing

and overcome the challenges involving health systems is a global interest of professionals, managers and health and nursing researchers.²⁻³

In the organization of health systems, hospitals have gained increasing prominence due to the aging population and the demand for health care with a higher level of complexity, which requires good management practices. The continuous increase in the elderly population leads to an increase in the demand for care for patients with chronic diseases in hospitals, aggravating a situation marked, many times, by the scarcity of resources and delay in care. To equalize this relationship, the use of good management practices is becoming increasingly necessary, which requires specific knowledge about people management, planning, decision making, among other management tools. Thus, the hospital environment is a complex context, marked by the need to improve professional skills in addition to technical interventions, aiming at the treatment and prevention of damage to health.⁵

In Brazil, studies on the characteristics of the nurse's work environment have intensified in the last five years, but they have mainly focused on critical units as a research scenario.^{2,4,6-7} Although the work environment can both contribute to and hinder the performance of nurses, Brazilian and international scientific production is still scarce in relation to aspects unfavorable to professional practice and inadequate working conditions in the area of health and nursing.⁸

However, the understanding and discussion of negative characteristics of the nurse's work context can contribute to the development of strategies for the improvement of care and hospital management practices, generating benefits for managers, professionals and patients. Thus, the question is: what are the unfavorable characteristics of the nurse's work environment in the hospital context?

This study aimed to analyze the unfavorable characteristics of the nurse's work environment in the hospital context.

METHODS

Mixed methods study that used the parallel-convergent strategy, characterized by the simultaneous collection and analysis of qualitative and quantitative data.⁹ A quantitative study was carried out, with a cross-sectional design, and a qualitative, exploratory-described study, through analysis thematic. It is a re-analysis of data carried out in the second half of 2018, from the database of a research macro project developed between 2012 and 2015, in a university hospital in southern Brazil.

The study population consisted of hospital nurses, who met the inclusion criteria: length of experience in the current workplace equal to or greater than three months; and exclusion: exclusive exercise of administrative activities or vacations or leave of any kind. Thus, of the 162 nurses at

the hospital, at the time of data collection, 132 were invited to participate in the research. Of this total, 106 (80.3%) agreed to participate and constituted the final sample of the study.

Quantitative data were collected using a sociodemographic and professional characterization form and the Brazilian Nursing Work Index - Revised (B-NWI-R) instrument. The B-NWI-R seeks to measure certain characteristics of the work environment favorable to the nurse's professional practice and provides subsidies to increase the quality of care. The instrument consists of 57 items with a four-point Likert response scale: (1) Strongly agree, (2) Partly agree, (3) Partly disagree and (4) Strongly disagree.^{6,10} Thus, items with values below 2.5 represent characteristics favorable to professional practice, while those with averages above 2.5 indicate unfavorable characteristics.⁶

The analysis of quantitative data was performed using descriptive statistics with calculation of position and dispersion measures (arithmetic mean, median, standard deviation, minimum and maximum values). The Statistical Package for the Social Sciences (SPSS), version 19.0, was used for analysis.

The collection of qualitative data happened concurrently with the quantitative study. 25 semi-structured interviews were conducted, 17 with assistive nurses (AE) and eight with nurse managers (EG). The interviews were conducted face-to-face, at the nurses' workplace, using a semi-structured script, prepared by the researchers. As a trigger question, the participants were asked about aspects of the work environment that hinder the nurse's practice. The interviews lasted an average of 20 minutes, being recorded and later transcribed in full.

Data collection ended when theoretical data saturation was reached. For data analysis, the thematic analysis steps were followed: pre-analysis, material exploration and treatment of results, including inference and interpretation.¹¹ Articulation with quantitative results was sought in order to promote the fusion of data. findings. The testimonies were identified by codes, according to the function performed by the interviewee: EA for assisting nurses and EG for nurses who held managerial positions, accompanied by a number assigned according to the order of the interviews.

The study was approved by the Research Ethics Committee, with the Certificate of Presentation for Ethical Appreciation (CAAE): 09885612.1.0000.0121, on 11/12/2012. In addition, the research met the formal requirements contained in national and international regulatory standards for research involving human beings.

RESULTS AND DISCUSSION

The age of participants in the quantitative stage of the study ranged from 23 to 61 years, with a median of 48 years

and the most frequent age group was 41 to 50 years. Of the 106 nurses, 98 (92.5%) were female and 53 (50%) were married.

The average length of professional experience in nursing was 13 years and six months (min= 6.96 years; max=35 years and Standard Deviation=sd±9.46) and working time at the institution had an average of 12 years (min=6.96 months; max=33.42 and sd±9.69). They had, on average, 19.51 patients under their responsibility (min=4; max=70 and sd±13.06). They worked about 37.41 hours a week (min=30; max=74 and sd±11.8) and 89 (84%) had no other employment relationship.

Of the 57 items of the B-NWI-R, 11 had means above 2.5, that is, they were classified as unfavorable characteristics of the work environment, as shown in Table 1. The mean of the unfavorable characteristics of the B-NWI-R ranged from 2.99 to 2.57. The two characteristics that most stood out were: use of nursing diagnoses and sufficient staff to carry out the work.

Table 1 – Unfavorable characteristics of the B-NWI-R.

Traits	Average	Standard Deviation
1. Use of nursing diagnoses	2,99	1,05
2. Sufficient staff to get the job done	2,80	0,90
3. Adequate support services that allow me to dedicate time to patients	2,74	0,80
4. Staff displacement to balance teams between units	2,74	0,89
5. A team of supervisors who support nurses	2,71	0,89
6. Sufficient time and opportunities to discuss problems related to patient care with other nurses	2,69	0,88
7. Nurses actively participate in efforts to control costs	2,68	0,81
8. The work environment is pleasant, attractive and comfortable	2,68	0,85
9. A mentoring program for newly hired nurses	2,67	0,89
10. An active quality assurance program	2,61	0,81
11. "Total patient care" as a system of providing nursing care	2,57	1,10

From the qualitative results, two categories were obtained: (1) Insufficient team for the job and (2) Lack of organizational support. In the first category, it was highlighted as a difficulty the inadequate dimensioning of the nursing staff, caused mainly by high rates of absenteeism. As a main consequence, there is work overload and dissatisfaction of the work team.

In some cases, the dimensioning of personnel does not meet what is standardized and recommended. (EA7)

It is a lot of work, the flow is very large, the number of certificates is increasing and this ends up harming and overloading the team. (EA15)

Today we are experiencing this and we are having difficulty in restoring this amount. (EG2)

Specifically in relation to the nurses' performance, it was found the difficulty in fulfilling private duties, such as care management and systematization of nursing care. This is because, given the lack of professionals, nurses need to assist in the development of essential technical activities for patient care, but which would be primarily the task of nursing technicians. Another consequence is fragmentation

of care, especially in the night shift, in which the division of activities by function is adopted.

There is a lack of personnel, there is a huge movement in the service [...] It is the minimum number of personnel possible, and at the moment we don't even have the minimum. (EA14)

The nurse is taking on many functions that do not belong to us and many times we end up taking on the services of the nursing technicians [...] if we do only the technical part, the managerial part and the systematization of care will be lacking. (EA8)

At night, there is a little deficiency due to the number of professionals, causing care to be more fractional, not occurring integrally, more fractional, non-integral care is left. (EG3)

In the second category, the difficulties evidenced mainly involve the support of support services, lack of an institutional program of quality assistance and training of professionals. The management of materials by nurses was also highlighted as a limitation.

Support services are: laboratory, laundry, maintenance, cleaning, social work, psychology, speech therapy, these services are essential. Without that it becomes chaos. (EG6)

The management overloads this part of maintenance a lot which does not depend on you [...]. (EA6)

[...] there are some sectors that have a lot of professionals, but these professionals are not properly trained. (EG2)

The direct supervision of assistance is performed by the assisting nurses, [...] but it is not a formal or systematic practice. (EG4)

You have to know how to control the material in the Unit, what is missing, what you will need. (EA11)

Nursing [...] wants to know why there is no hamper in the unit, but does not know what was the process for purchasing the materials [...]. (EG4)

As for the support received from the institution's managers, the pace of work was cited as a difficulty for holding meetings and establishing a more collaborative relationship between assisting and managerial nurses. However, nurse managers recognize the importance of knowledge about what is happening in the units for planning team training aimed at improving patient care.

People in care do not have much contact with the nursing management. (EA5)

The boss needs to know the events precisely to observe and train and improve because this affects the assistance to the patient. (EA17)

Lately the pace has been so fast that we hardly had time to hold nurses' meetings. (EG9)

Chart 1 presents the synthesis of results and interpretation, based on the articulation between quantitative and qualitative findings.

Table 1 - Articulation and interpretation of quantitative and qualitative results

B-NWI-R Categories / Items	Interpretation
<p>Insufficient staff to work</p> <p>Items: 1, 2, 4, 6, 8 e 11</p>	<ul style="list-style-type: none"> • Dimensioning of inadequate personnel due to high absenteeism generates work overload, dissatisfaction and demotivation of the team. • Nurse with difficulty in performing private activities, such as the systematization of nursing care. • Lack of professionals compromises comprehensive care.
<p>Lack of organizational support</p> <p>Items: 3, 5, 7, 9 e 10</p>	<ul style="list-style-type: none"> • Difficulty in supporting support and maintenance services. • Lack of periodic training for professionals. • Pace of work hinders greater interaction between nursing assistants and managers.

From the analysis of the B-NWI-R and the qualitative data, it was found that the main unfavorable characteristics are related to the inadequate number of professionals available for the work caused by absenteeism. The dimensioning of personnel is a constant concern among nurses, as it is essential to have qualified and sufficient staff to work for safe care to patients.¹² Previous study also evidenced the lack of professionals as one of the difficulties of nurses in care management in the hospital environment.¹³

The inadequate number of professionals generates work overload and contributes to the fact that the work environment is not considered favorable, as evidenced in both quantitative and qualitative data. Thus, the importance of analyzing the characteristics of the work environment for the satisfaction of nursing professionals is reinforced, as well as for the quality of care provided to patients.^{2,13,15} In view of these implications, it is important that nurses develop their capacity for technical argumentation and negotiation with institutions aiming at the search for solutions and strategies for the improvement of working conditions.¹⁶ On the other hand, institutions also need to include this point as fundamental for the achievement of their goals, aiming at reaching the goal of qualified and safe care.

It is noteworthy that in public hospitals with federal funding, this is an even greater difficulty, as financial management does not depend only on efforts or the individual competence of managers and professionals. The entire people management process is governed by specific

laws, which call for public tenders and / or selection processes to create, fill or replace a vacancy.

The insufficient team for the work makes it difficult for nurses to fully develop their private assignments, as they end up devoting part of their time to assisting the nursing team in the development of care activities. This may be one of the explanations for the high average obtained by the first item of the B-NWI-R, regarding the use of nursing diagnosis.

The definition of nursing diagnoses is one of the stages of the Nursing Process (NP), which is part of the Nursing Care Systematization (SAE). Both are a private activity of the nurse, supported by the Professional Exercise Law No. 7,498 / 86 and the Resolution of the Federal Nursing Council No. 358/2009. It is noteworthy that the SAE organizes professional work, using personal methods, instruments and protocols, making it possible to operationalize the EP. NP, on the other hand, is defined as a methodological instrument that guides the care of professional practice, and must be carried out, in a systematic and deliberative manner, in all environments, public or private, in which professional nursing care occurs.¹⁷

NP and SAE are fundamental for planning nursing care aiming at patient safety and quality of care. However, the multiplicity of assignments is one of the nurses' difficulties in carrying them out. In addition, the existing dichotomy between teaching and the practice of NP makes it difficult to incorporate it as a structuring axis for the professional identity of nurses.^{16,18} Thus, although the Federal Nursing Council has made the implementation of SAE mandatory in health institutions, there are still several difficulties for its execution, which involve not only the lack of resources, but the way the professional appropriates knowledge.¹⁷

In this sense, it is necessary to critically reflect on the findings of the research on SAE as a structuring element of the nurse's practice, since nursing graduation. The practice of SAE allows the articulation between the managerial and assistance dimensions of the nurse's work, that is, the performance in the management of nursing care. Therefore, the performance of the SAE by the nurse is important for the strengthening of their professional identity as a care manager, regardless of the exercise of a managerial position in the context of the health service.¹⁹

Regarding the items of the B-NWI-R which, from the integration between the quantitative and qualitative results, were associated with the category lack of organizational support, the main difficulty was in relation to support services (item 3). In the hospital context, support services correspond to hospital pharmacy, laundry, nutrition / dietetics, hygiene and cleaning, laboratory, blood bank, maintenance, among others. These services provide the necessary inputs and conditions for quality and effective patient care. In this sense, the lack of an adequate infrastructure not only compromises the provision of care, but also limits the performance of nurses, who have as

one of their attributions the forecast and provision of the necessary resources for the treatment of the patient.²⁰

Referring to item 5, a team of supervisors that supports nurses, it was found in the qualitative results that there have been no periodic meetings between nurse managers and assistants, which ends up harming the communication process between both. Thus, it is important to emphasize that communication is an essential process for carrying out coordinated actions between the different management levels of an organization. A North American study found that the horizontality in the relationship between nursing assistants and managers, enhances the feeling that both actively participate in the change processes to improve the professional practice environment.²¹

As for the lack of an active quality management program, the difficulties identified may be related to the institution's own context, marked by the lack of resources and the transition from the management model of the Brazilian Hospital Services Company. Despite this, it is worth emphasizing the importance of supervision as a managerial tool for nurses, which has the potential to generate changes, through gradual and continuous processes of change, aiming at the integrality of care and expanding the participation of professionals.²²⁻²³

CONCLUSIONS

The integration between quantitative and qualitative results showed that the unfavorable characteristics of nurses' professional practice in the hospital environment are mainly related to the insufficient number of professionals and lack of organizational support. The use of nursing diagnoses and the lack of adequate support services were highlighted as difficulties, allowing more time to be dedicated to patients.

The results obtained can contribute to reflections on the unfavorable characteristics of the hospital work environment and how they impact the nurse's professional practice. In addition, they provide subsidies for the performance of managers in order to create and maintain better working conditions, aiming at an efficient and safe service, as well as the satisfaction of professionals with work in the hospital environment.

The study had limitations as being carried out in a single hospital, based on a non-probabilistic sample (quantitative research). In addition, data were collected before the institution joined the Empresa Brasileira de Serviços Hospitalares, at a time marked by the crisis and financial difficulty of university hospitals in Brazil, which may have had an impact on the participants' responses.

Despite this, the integration between the quantitative and qualitative results enabled a broader understanding of the characteristics of the hospital environment that hinder the nurse's work. It is suggested to carry out further studies to continue and expand discussions, analyzes and reflections

on the working conditions of nursing professionals inserted in different contexts of health systems.

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