

Facilidades e dificuldades das enfermeiras gerentes na implementação da gerência do cuidado no ambiente hospitalar

Facilities managers and difficulties of nurses in the implementation of environmental management of care hospital

Instalaciones de gerentes y dificultades de enfermeras en la aplicación de la gestión ambiental de hospital

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ABSTRACT

Objective: to analyze the facilities and difficulties of nurse managers in care management implementation in hospitals. **Methods:** this is a descriptive study with a qualitative approach carried out from October to November 2012, in a public tertiary referral hospital in Fortaleza-CE. Data collection was performed using semi-structured interviews. The technique used for the interpretation of the data was content analysis. **Results:** we found as factors that facilitate the development of care management support from the leader of the hospital's nursing sector and the dialectical relationship between the team members. As noted impediments to hospital physical structure and the lack of staff. **Conclusion:** the study seeks to sensitize the discussion on care management, because the link between the management and care activities, it is important for innovation and renewal of the nursing work process.

Descriptors: Research in Nursing Administration; Nursing Staff at the Hospital; Nursing Care.

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RESUMO

Objetivo: analisar as facilidades e dificuldades das enfermeiras gerentes na implementação da gerência do cuidado no ambiente hospitalar. **Métodos:** trata-se de um estudo descritivo, com abordagem qualitativa, realizado no período de outubro a novembro de 2012, em um hospital público de nível terciário da cidade de Fortaleza-CE. A coleta de dados foi feita através de entrevista semiestruturada. A técnica utilizada para a interpretação dos dados foi a análise de conteúdo. **Resultados:** foram encontrados como fatores facilitadores no desenvolvimento da gerência do cuidado o apoio da líder do setor de enfermagem do hospital e a relação dialética entre os membros da equipe. Como fatores impeditivos, observou-se a estrutura física do hospital e a falta de pessoal. **Conclusão:** o estudo busca sensibilizar a discussão sobre a gerência do cuidado, pois a articulação entre as atividades gerenciais e de cuidado é importante para inovação e renovação do processo de trabalho do enfermeiro.

Descritores: Pesquisa em Administração de Enfermagem. Recursos Humanos de Enfermagem no Hospital. Cuidados de Enfermagem.

RESUMEN

Objetivo: analizar las facilidades y dificultades de las enfermeras gestoras en aplicación de gestión de la atención en los hospitales. **Métodos:** trata de estudio descriptivo, con abordaje cualitativo realizado entre octubre y noviembre de 2012, en un hospital de referencia terciario público de Fortaleza-CE. La recolección de datos se realizó a través de entrevistas semi-estructuradas. La técnica utilizada para la interpretación de los datos fue el análisis de contenido. **Resultados:** se encontraron como factores que facilitan el desarrollo de apoyo a la gestión de atención de la líder del sector de la enfermería del hospital y la relación dialéctica entre los miembros del equipo. Como impedimentos señalados en el hospital estructura física y la falta de personal. **Conclusión:** estudio busca sensibilizar a la discusión sobre la gestión de la atención, ya que el vínculo entre la gestión y las actividades de atención, es importante para la innovación y la renovación del proceso de trabajo de enfermería.

Descriptorios: Investigación en Administración de Enfermería; El Personal de Enfermería en el Hospital; Cuidados de Enfermería.

INTRODUCTION

Nursing, social practice, which historically carries out activities in the hospital environment, it has the most obvious actions in its daily practices, care, and manage. However, these activities are not yet well defined and understood by nurses, which can hamper the coordination and integration of these actions, that is, the performance of care management.

Management of nursing care is understood as a dialectical relationship between the know-how to manage and know-how to take care, which results in a dynamic, situational and systemic process, enabling the existence of an interface between these two objects professional practice and consequently higher quality and completeness in care practice done by nurses.¹

In health institutions, mainly in the tertiary care services, there is fragmentation of the service by the nursing staff, where the nurse who is in management tends to emphasize this practice as a viable care because the nurse who is in the

care tends to belittle the actions of management, giving it a bureaucratic nature, which provides for separating between managerial dimension and assistance.²

This division affects the quality of care and nursing work triggering conflicts on the nursing professional with his practice, is in his relationship with the nursing staff and health staff.²

It is noteworthy that the speech of nurses in some health-care facilities about what they carry on their work process and what they would like to develop shows up dichotomous in their daily practice. At the same time they aim to act with an emphasis on care, they increase the number of their activities, seeking to act in all negotiations, resolving and responding to all conflicts and problems. In this way they assume not only the management actions determined by the institution but also the functions of other professionals, resulting in the removal of their role in the matter of care management, which can lead to feelings of discontent and frustration.³

Thus, it is understood that the care management is the foundation for the quality of care, but this activity is still seen as distant for many nurses. There are also intervening factors that hinder the realization of care management by nurses such as casualization of the labor process and the traditional model of health care, which culminates in the dichotomy between managing and caring in the experience of this professional in his health care.⁴⁻⁵

Therefore, it is considered essential to conduct research on the main factors involved in nursing care management in the hospital scenario as a strategy to familiarize nurses on this topic, as well as encourage discussions to resolve the difficulties encountered.

In this sense, this research aims to analyze the facilities and difficulties experienced by nurse managers to carry out the care management in the hospital scenario.

METHOD

This is a descriptive study with a qualitative approach, on the perceptions of nursing managers on facilities and difficulties experienced to carry out the care management in a reference hospital for cardiopulmonary care in the city of Fortaleza-CE.

The research subjects were recorded through the inclusion criteria and only nursing managers of more than 24 months of trained and had worked at the clinic for at least 12 months participated in the survey. As research exclusion factors, there were professionals on vacation, sick leave or absence.

Out of the 15 unit managers, five refused to participate in the research, one was on vacation during the period of data collection, and three were not found in the respective units during the period of data collection, being excluded from four consecutive visits. Then, eight unit managers of different hospital inpatient sectors participated in the research. With

that, the representativeness of the subjects was due to the identified phenomena and not by the size of the sample.

Data collection was conducted from October to November 2012. It was used a semi-structured interview as data collection technique, thus obtaining, information for analysis, from the individual views on the issues related to the objectives of the study.

Data analysis was done through thematic analysis, being a set of analysis techniques of verbal communication, which seeks indicators through systematic procedures and description of the objectives of message content enabling knowledge relating to production conditions/reception of these messages.⁶

The analysis consisted of three stages: pre-analysis, material exploration, and interpretation of data. Two categories for best interpretation of the information collected were built, which will be presented in the results and discussions.⁶

The study was approved by the Ethics Committee in Research of the institution where the research was done, in the opinion 100,374. The study complied with the ethical and legal principles, by Resolution 466/12 of the National Health Council.

It was decided to number the interviews with the word nurse followed by the number of chronological order in which the interviews were conducted, so getting organized Nur. 1 to Nur. 8.

RESULTS

For a better understanding of the results, two categories were built, which are discussed below.

Facilities in the implementation of care management

The leadership provided by nursing managers, which are presented in the following lines is stand out as a factor that enables the realization of care management in the tertiary care scenario:

[...] It is not passed by nursing managers the ability to make decisions that provide help in teamwork. My role is to help in the organization of service here. I let organized for care, carried out properly. (Nurse 1)

[...] Leadership [...] is very important, especially in issues of solving problems, trying to join. This helps to develop our work here at the clinic. (Nurse 3)

Without the leadership, I would want to throw it all up, but when you can involve you see the possibility of doing a good job [...]. (Nurse 7)

Another factor that facilitates care management is teamwork, which will be shown below:

[...] I do not think so, because, there is the medical leadership, there is the head nurse who has the care staff, and we work very well matched (teamwork), combining all right [...]. (Nurse 2)

I think here we have much work, though, the team is very close, you know. We do a good job together. Helping each other, we can return a good job. (Nurse 3)

Difficulties in implementing care management

A nurse highlights the poor conditions of the hospital's physical structure as an impediment to the development of care management:

Another thing that disturbs, lack of conditions in the environment, this hospital here is old; it is designed to treat tuberculosis. The nursing rooms are small, we do not have a space to enter the emergency car, to enter litter, to enter with all staff, to make things, it demands a big waste of time. (Nurse 4)

Here, there is an enabling environment for you to do daily planning. Space is small and as a teaching hospital there is always many people, from professional to student, and then you cannot concentrate for proper planning because space is inappropriate. (Nurse 8).

Some respondents mentioned the lack of personnel as a factor that hinders the development of care management:

[...] We have a few assistants in the unit, but there are things that we will conquer, I know that the ideal would be at least stay here ... there are four assistants, ideally we keep six patients for each, for each assistant, to have at least five assistants, to have a better service, but we will trying to win things. (Nurse 1)

[...] And when personal miss... when personal miss that we cannot find people to work for us, we know that care will be, it will not be that care you wish you had... was. (Nurse 3)

The main factors involved in the development of care management found as facilitating factors are: the leadership of the hospital's nursing sector and the harmonious relationship between the team members. As impediments observed are the hospital's physical structure and lack of staff.

DISCUSSION

It is inferred through excerpts from interviews that nursing managers cite leadership as an essential competence to enable the execution of plans previously constructed, mainly linked to the direct and indirect care.

Nursing care management actions are related to the actions of the know-how to take care and know-how to manage, performed by the nurse fully and articulately, whose purpose is to offer quality care and systematic users of nursing services¹. From this perspective, the nurse is also a leader in the management of people in a way that directly and continuously interacts with the work team. Thus, not only the nursing manager but as every nurse in the leading role, has responsibility for the management of employees. There are often conflicts arising from communication problems, organizational structure, and individual behavior⁷.

The nurse is essential in building a health care organization, whether in a hospital or public health. To exercise leadership, professionals should create a favorable environment for carrying out their daily actions work, assuming the complex task of organizing and coordinating the nursing team, requiring skills that facilitate the behavior of this heterogeneous group, even transmitting security in decision making⁸.

The leadership process involves numerous activities and qualities and is related to work organization, as well as in the way the team relates and articulates to meet the demands of work. This need to integrate various dimensions, fundamental task in the leading role, enabling the link between the major nursing work processes, that is, the care and manage, making it the most efficient, effective and ethical actions on organizational environment⁹.

Teamwork is another factor that intervenes to facilitate care management, according to the testimonies of the participants. It is noticed that the actions developed in the units are planned among all, what characterizes the actions shared by the collective of workers. In this practical context, there are facilities for implementation of the integrated care to management.

Teamwork is an essential feature to enable achieving the mission and vision of health institutions, by promoting the realization of a permanent space for building solidarity and democratic knowledge¹⁰.

The poor infrastructure is mentioned as a factor that hinders the development of their work from the perspective of care management, since the small space hinders in certain emergencies, such as in cardiac arrest.

Every health facility should have an appropriate physical structure for the operation of its activities and material resources to the regular progress of their skills¹¹.

Thus, for many times the very infrastructure of hospitals preclude the practice of care management, and it is fundamentally important that there be a consistent structure to the needs of each sector so that care is done with

quality and by what is recommended by the National Health Surveillance Agency.

It was observed that inadequate physical structure is an obstacle, but not an impediment to performing care management, especially in health education activities, promotion, and prevention, which can be deployed in the hospital⁵.

Another intervening factor in care management reported by some nurses is the lack of personnel that is the nursing sizing is still insufficient to meet patient demand and sets up a problem in the development of this process as it happens an overload tasks for the nurses.

Thus, in spite of nursing services constitute the workforce more numerous in hospitals, the number of workers is still insufficient to reach quality care, which presents a mistaken nursing scaling, which ends up overloading professionals they are left with too many patients to care, and depending on the sector the problem is even greater, as the high complexity.

The sizing of employees in nursing is a nursing management action. This design involves staffing forecasting with the quantitative and qualitative approach, aiming at meeting the needs of patients, striving to improve the quality of care¹²⁻¹³. With proper prediction of nursing staff, healthcare organizations can reduce costs and improve the dynamics of the service provided¹⁴.

It is noticed that the staff size directly implies the performance of the nurse activities and as a result generates damage to the quality of care. Their suitability can be considered as a motivating factor, important for good professional performance and the quality of care, as well as favoring the establishment of working methods, in addition, to motivating professionals to think of ways to articulate assistance¹⁵.

With this, the importance of proper sizing of employees in nursing to the practice of care management is evident, because with a good distribution of nursing effective care practices will not suffer as their quality, by applying them to the patient.

It is important to highlight that the results of this research have limitations since it was developed by nursing managers working at a single hospital in a city. It cannot be generalized the findings to all nationwide health institutions, depending on the reality of each health institution and the working conditions of nursing managers of each territory.

CONCLUSION

The trajectory in this study analyzed the advantages and difficulties experienced by nursing managers to carry out the care management in the hospital, that is, the elements that are important to the direct and indirect care to patient care.

Support for the leader of the hospital's nursing sector and the dialectical relationship between the team members were highlighted as factors that facilitate the deployment of care management that is teamwork. There were the hospital's

physical structure and lack of staff observed as impediments to the development of this process.

The understanding of the factors involved in carrying out the management of the care nurses can build strategies to promote the facilities, as well as alternatives to remedy, mitigate and avoid the difficulties present in the hospital of the relationship between the direct and indirect care, which will contribute to the greater visibility of professional practice.

Thus, this research seeks not only to exhaust the issues presented and discussed in this study but awaken and sensitize new discussions regarding the establishment and implementation of care management in daily activities of nursing work, aiming at improving the quality of assistance provided by hospital.

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