NURSES' PRODUCTION OF SUBJECTIVITY AND THE DECISION-MAKING IN THE PROCESS OF CARE

Josefine BUSANELLO[a], Wilson Danilo LUNARDI FILHO[b],
Nalú Pereira da Costa KERBER[c]

ABSTRACT

This study aimed to understand the relationship between Nurse's production of subjectivity and the decision-making in the process of Nursing care. A qualitative design of research was conducted. The investigation was carried out with twelve nurses who work at the Associação de Caridade Santa Casa do Rio Grande, a hospital located in Rio Grande, RS, Brazil. For data collection, focus group technique was used, three meetings were conducted in december 2011. The results were presented in semantic categories: Capitalist System: maintenance of employment bond; Submission System: institutionalized culture and vision of society; Nursing Hierarchical System; and Values System: feeling of guilt and lack of professional recognition. The capitalist system mediates, mainly, the behavior that prevails in the decision-making process in Nursing care.

Descriptors: Nursing. Nursing care. Decision making. Focus groups.

RESUMO

O estudo teve como objetivo compreender a relação entre a produção da subjetividade do Enfermeiro e a tomada de decisão no processo de cuidar, em Enfermagem. Foi adotado o delineamento qualitativo de pesquisa. O cenário investigativo foi um hospital filantrópico do estado do Rio Grande do Sul. Os participantes do estudo foram doze Enfermeiros atuantes nessa instituição. Para a coleta de dados, foi utilizada a técnica do grupo focal, com três encontros focais, realizados em dezembro de 2011. Os resultados foram apresentados em categorias temáticas: Sistema Capitalista: a manutenção do vínculo empregatício; Sistema de submissão: cultura institucional e visão da sociedade; Sistema de hierarquias na Enfermagem; e Sistema de valores: sentimento de culpa e falta de valorização profissional. O sistema capitalista é o principal mediador do comportamento que prevalece na tomada de decisão na prática de cuidados de Enfermagem.

Descritores: *Enfermagem. Cuidados de enfermagem. Tomada de decisões. Grupos focais.*
Título: *Produção da subjetividade do enfermeiro e a tomada de decisão no processo de cuidar.*

RESUMEN

Este estudio tuvo como objetivo comprender la relación de la producción de la subjetividad del Enfermero y la toma de decisiones en el proceso de atención en Enfermería. El diseño de investigación fue cualitativo. Se llevó a cabo en un hospital de caridad en el Estado de Rio Grande do Sul. Los participantes del estudio fueron doce Enfermeros que trabajan en esta institución. Para la recolección de datos, se utilizó la técnica de grupos focales, con tres reuniones realizados en diciembre de 2011. Los resultados fueron presentados en categorías temáticas: Sistema capitalista: mantención del vinculo del trabajo; Sistema sumisión: cultura institucional y visión de la sociedad; Sistema jerárquico en la Enfermería; y Sistema de valores: sensación de culpa y falta de valorización profesional. El sistema capitalista es el principal mediador de lo comportamiento que prevalece en la práctica de la atención de la Enfermería.

Descriptores: *Enfermería. Atención de enfermería. Tomada de decisiones. Grupos focales.*
Título: *Producción de la subjetividad del Enfermero y la toma de decisiones en el proceso de atención.*

a PhD in Nursing. Adjunct Professor, School of Nursing, Federal University of Pampa (UNIPAMPA). Leader of the Research and Study Group Nursing of West Frontier of Rio Grande do Sul (GEPEnf-FORS). Uruguaiana, Rio Grande do Sul, Brazil.
b PhD in Nursing. Associate Professor, School of Nursing, Federal University of Rio Grande (FURG). Rio Grande, Rio Grande do Sul, Brazil.
c PhD in Nursing. Adjunct Professor, School of Nursing, Federal University of Rio Grande (FURG). Leader of the Research and Study Group Living Women. Rio Grande, Rio Grande do Sul, Brazil.

Busanello J, Lunardi Filho WD, Kerber NPC. Nurses' subjectivity production and the decision-making in the process of care. Rev Gaúcha Enferm. 2013;34(2):140-147.

141

INTRODUCTION

Subjectivity is expressed through behavior, desire, attitudes, language and people's perception of the world[1]. Rescuing the historical context that constitutes nursing, one may observe some subjective characteristics which remain in the nursing way of being and nursing practical conduct. This subjectivity not only affects the body, but the soul of this subject, in an alleged uniformity of their way of being, feeling, perceiving, desiring, in short, the eager to be nurse.

In the process of nursing care, the decision-making of the nurse can elucidate important expressions of their subjectivity, because the choices determine the behavior and attitudes, the establishment of caring relationships, and interactions with the health care team. Therefore, the question is: how does occur the relationship between the production of subjectivity and decision-making of nurses in the care process?

In the Scientific production of Nursing, we did not find answer to this question, considering that the approach of decision-making, especially in hospital environment, remains linked to the production of knowledge in the field of management[2]. However, it is important to broaden the discussion on this topic, considering that the process of caring in nursing constantly requires nurses to make decisions, allocating resources and defining strategies that determine the practice of care, the destiny of organizations and individuals.

This approach is relevant, since the knowledge that subsidize Nursing can be constantly constructed, deconstructed and reconstructed, enabling the development and opening new avenues that address the citizenship rights and the development of competences and personal and professional self-realization. This perspective may be viable from a new mode of production of subjectivity, able to make the nurse subject of their own work[3], with the ability to participate, intervene and change the social system, not restricting their decisions solely by the dictates of functional rationality or by the market society. Contrary to a production of subjectivity in perpetuating Nursing, that fosters obedience and self-denial, it settles the need for an ongoing process of subjectivity, from which the nurse takes conscious behavior in decision-making involving all practices of care, considering the alternatives for their choices and taking responsibility for the consequences.

In this sense, the importance of a differentiate approach to the meaning of nursing care emerges in the human dimension, rescuing the subjectivity that permeates this process. Therefore, it is essential to consider all forms of expression of the nurse subjectivity, in particular, the behavior and attitudes, which are drawn, mainly by decisions involving the process of care. Thus, this study aims to understand the relationship between the nurses' production of subjectivity and the decision-making process in Nursing care.

METHODS

For the present study, we conducted an exploratory qualitative research design. The universe of empirical investigation was set in a philanthropic hospital in the state of Rio Grande do Sul. All 120 nurses who work in this institution were invited to participate in this study. The criteria for selection of Nurses were: actively work during the research period, ie, do not be in any kind of deviation from the institution; operate in sectors directly related to the care process in nursing; and have availability outside the work schedule to participate in the study. Twelve nurses working in this institution expressed interest in the study.

For data collection, conducted in December 2011, we used the focus group technique, in order to investigate the subject in depth. This technique allowed us to build new ideas and answers on the subject in focus, from different perspectives and opinions that have been expressed by members of the group and at the same time, developed certain perceptions, which remained in latency[4].

Considering the thematic universe of the research, three focal meetings were performed, lasting approximately two hours, conducted by a moderator, with the collaboration of a non-participant observer to assist in recording data. To conduct the focus sessions we used guided themes, which consisted of scripts, containing the objectives of

Busanello J, Lunardi Filho WD, Kerber NPC. Nurses' subjectivity production and the decision-making in the process of care. Rev Gaúcha Enferm. 2013;34(2):140-147.

142

the meetings and the necessary triggering questions to achieve them.

For data analysis, we initially conducted the literal transcription of the recordings, which were associated with the information described in the field diary. Then, we submitted this dataset to content analysis[5], which consisted of three major steps: Pre-analysis; material exploration; results analysis and interpretation. The semantic categories were named according to the culture systems presented by the adopted theoretical framework[1].

The research project was submitted to the Ethics Committee in Research of the institution, investigative stage of the study, being approved under protocol number 008/2011. To identify the quotes of Nurses, we used the code "ENF" followed by the sequential number of participants (ENF 1, ENF 2 ... ENF 12).

RESULTS AND DISCUSSION

Through the analysis of discussions among the participants, it became clear that the relationship between the production of subjectivity and the process of decision-making for nurses is mediated by the capitalist system, by the submission, by hierarchical systems and by values. Subsequently, these systems of production of subjectivity are presented and discussed according to the chosen theoretical approach [1].

Capitalist System: maintenance of employment bond

The capitalist system reveals important perspectives on the relationship between the production of subjectivity and decision-making of the nurse in the process of nursing care: the economic subjection, constrained by the need to maintain the employment bond, and the instability of this bond. Thus, the economic subjection becomes the main instrument to control hospital institutions in the process of decision-making related to the practice of nursing and environmental care.

The financial and economic dependence speaks louder "[...]" and if you think about your decisions, you need to let yourself to be absorbed "[...]" But, it is the culture of the institution. The nurse takes it all. And, if

you do not let this culture absorb you, your contract is gone. (ENF 5)

"[...]"what is the problem? It is financial! And, then, if you analyze, here, you end up making decisions, according to the routines and institutional rules"[...]." (ENF 7)

The capitalist system has shown itself, primarily, as one of the most intense forces in the production of subjectivity, corroborating the idea that subjectivity is not in the individual dimension, but in the social reality, delimitating the behaviors that define the conditions for the exercise obedience and docility, in exchange for a sense of security to individuals[6]. This is because capitalism exploits not only the workforce, but manipulates it for its own benefit, the relations of production, creeping into the economy of desire of individuals[1].

The institution determines which are the priorities in the work of the nurse, which do not always involve care actions. It is clear, therefore, that imposing economic gains strength in employment instability of Nurses working in private institutions, characteristic of the studied hospital. Therefore, the economic subjection practically abort any possibility of explicit resistance of these professionals.

It is a private institution. And making a parallel with a public institution, we see the difference. Professionals have work stability and there, professionals acquire a different stance in decisions. "[...]" A public institution is different and allows me to have a different behavior. (ENF 6)

In public institution, you do not see anyone imposing anything to nurses. Each one decides what is their job. Because everyone is equal, stable, and here you see it (ENF 1).

While in a public institution, it takes many complaints against you, for something to happen here... it is different (ENF 9)

Accordingly, from the discussions, it was observed that, in a private institution, the behavior of the Nurse decision maker surrenders to the rules of the organization. In contrast, in public institutions, the nurse may assume a posture of decision maker less dependent on

Busanello J, Lunardi Filho WD, Kerber NPC. Nurses' subjectivity production and the decision-making in the process of care. Rev Gaúcha Enferm. 2013;34(2):140-147.

143

rules or pre-determinations, which is related to the greater possibility of explicit resistance of these professionals in a work context that provides employment and financial stability. These characteristics consolidates the mediation of the capitalist system in the relationship between the production of subjectivity and decision-making, considering the characteristics of the institution: private or public.

In most institutions, the work of nurses and other nursing categories often happens under precarious conditions. This scenario arises mainly from the economic subjection of the nurse that hinders expressions of resistance to power relations, interdependence and complementarity in their work, especially in the hospital environment. Moreover, it can be said that the nurse is less "armed" for space disputes and the consolidation of their knowledge[7,8].

Submission System: institutionalized culture and vision of society

Nurses reported that they generally assume an arbitrary position in relationships with people who are under their direct responsibility as other members of the nursing team, patients and family, leaving them submissive, in situations where decisions could be shared. This behavior, according to the nurses, is the result of institutional culture, which overlaps the desire to share decisions with those involved in the practice of care.

> The family member, the patient and the nursing staff "[...]" we have power over them, we have more influence on them. This changes the way we act and decide. (ENF 3)

> With the patient, we often make decisions about their hygiene, for example, without at least asking him/her about it "[...]" But these decisions are also part of an influence from above. Also from what the institution expects me "[...]." (ENF 9)

> In some situations, in the relationship to some people, and especially the culture of the institution, our decisions are dependents "[...]." (ENF 4)

The submission system, evidenced in relationships with other professionals, patients, family members and hospital administration, has a strong influence on the relationship between the production of subjectivity and decision-making for nurses. Work relationships are seen as relations of production, giving rise to a micro politics: discipline. The discipline has as its main goal the domination of the other, towards modeling and normalization. In the process of subjectification, the goal is to control the body and soul of the individual, so that their decisions and behavior are defined by the rules, techniques and determinations issued by the institutional organization[1].

In practice, many nurses remain at the mercy of a subjectivity that puts them in a position of submission. The culture of submission makes nurses present a tendency to perceive themselves and feeling extremely dependent on their superiors or those whom they project themselves, psychologically, some parts better and more competent, remaining waiting that these are responsible for decision-making or at least demonstrate that they perceived and valued when they were taken[9]. On the other hand, nurses usually take an arbitrary position, placing the nursing staff professionals, patients and family members in a situation of subjection, without considering the possibility of sharing decisions on the care practice[6].

Throughout history, nurses have been involved in the government of the individual bodies, through the production of subjectivities and idealization that establish standards for "good patient" and "healthy citizen"[10]. This perspective has also been observed in studies on women's participation in decision-making in pregnancy and childbirth. However, it was identified that the culture of submission establishes the decreased participation and involvement of women in decision-making, in cases that the nurse did not participate actively in the decisions, they do not demonstrate autonomy in activities that involve the context of care[11].

Nurses reveal that the culture of submission in this institution also puts them in a position of submission, in situations of decision-making involving the work of other professionals, mainly physicians. The prescription is referred to as a control mechanism in many decisions and actions of the nurse in practice of care.

Sometimes, I visualize that we are in the units available to physicians "[...]" and our decisions are dependent on prescriptions. (ENF 2)

It is a very strong characteristic, when I was employed, I thought: I will have to incorporate the routine of the relationship with the physician. (ENF 10)
Patients say they want to talk to Chief Nurse, because we do what the physician says. Our decisions are submissive to medical procedures and prescription. (ENF 5)

This is the image that stays. They do not ask what are the competences of the nurse and what the nurse actually does, in the media, in society. (ENF 12)

I think it will take a while to change the image that people have. That image of the family physician is very strong, the physician was the chief of everything. (ENF 3)

Thus, it can be inferred that the submission system plays a strong influence on the relationship between the production of subjectivity and decision-making in nurses. This perspective, also is rescued, at the time that nurses seek to discuss the process of decision-making and the position of submission as a parameter to define how, culturally, society view them as professionals.

The subjectification, from the culture of submission, are contrary to the production process of individuation, preventing individuals to determine their own mappings. Controlling their own decisions can be characterized as a process of individuation of subjectivity, in which it is possible to capture the elements of a situation, to build their own kinds of practical and theoretical referential, without being in constant position of dependency in relation to institutional power[6].

Nursing Hierarchical System

Participants highlighted the presence of four levels of nursing hierarchical system in the institution, which determine the development of the process of decision-making that involve care and management practices of Nursing care: Nursing Supervisor, Master Nurse, Assistant Nurse and Nursing Technician. It is observed that the main characteristic of sub-

jectivity installed by the hierarchical system in decision-making is the fragmentation of the process between the different hierarchical levels of nursing.

Nursing ends up splitting level, scales, hierarchies. And this makes the decisions to be made, organized and planned, far away from the moment and the people who will put them into practice "[...]." (ENF 1)

Besides the different functions among nurses, we have Nursing technicians, who could count as the fourth type of practicing nurse. So, sometimes, we have decisions made by supervisors, first level managers, but the technicians will put them into practice. (ENF 8)

"[...]" These are decisions, sometimes, distant, which, in my view, affect the final result that is nursing care. (ENF 3)

The cult of the division of professional groups has as main purpose the distance between the steps that comprise the process of decision-making. The fragmentation of decision-making practices in Nursing care among professionals, according to its category hierarchy, promotes drastic decrease in the importance of the individual worker, of their ability to control over the process and the worker participation in the design and execution of the task[6]. Moreover, the different categories of nursing are not known and distinguished by society, so all Nursing professionals are considered the same, ie, invisible in multiple Nursing spheres[12].

Thus, the hierarchy system produces a subjectivity that is reflected not only on individuals and on the possibility to manipulate them, but also the possibility of giving them a distinct identity in social relationship with others. From this, the behaviors are defined and determined, in large part, the mental attitudes and conditions for the practice of obedience and gentility of individuals, assignments that interest to institutions and other mechanisms of production of subjectivity[1].

Therefore, the social division of work and, expressive mechanisms in nursing professional sphere, hinders the participation and organization of their professional, integrated in the care process. Thus, the professional hierarchy promotes

Busanello J, Lunardi Filho WD, Kerber NPC. Nurses' subjectivity production and the decision-making in the process of care. Rev Gaúcha Enferm. 2013;34(2):140-147.

145

the emphasis on productivity and competitiveness, making difficult interpersonal relationships and participation as a form of resistance needed to boost the struggle for better working conditions and continuous search for improvement in the provision of nursing care[13].

Values System: feeling of guilt and lack of professional recognition

It was observed that the system of values, in the relationship between the production of subjectivity and decision-making of the nurse, may produce a feeling of guilt and lack of professional development. This feeling is expressed in the tendency of Nurses in potentiating the situations in which the decisions made do not meet the health care needs, even with the awareness of this strong demand for decisions present in actions involving care.

"[...]" We are biased to catalyze decisions that do not give the expected result. So, I emphasize everything that I could not do. (ENF 5)

"[...]" I bathed twenty people at hospital room and I missed one. And, this one is who gives you a sense of proportion, frustration and anguish. And, then, this is what will count "[...]." (ENF 7)

We have this attitude because we do not value all the decisions we make. And sometimes, they were decisions almost always or always which were within our reach. Even so, we are not content. (ENF 6)

The feeling of guilt, responsibility and dominant law lays on the individual. This is a result of the phenomenon called rectification of social subjectivity, with all its counter-enforcement purposes. This function proposes subjective images of references, from which the individual comes to self-questioning, in relation to their identity and their value in the social scale, as if the right of existence collapsed, preventing to exert the power and expression of their own values[1].

Nurses also admit a feeling of guilt in situations where the institutional culture affects decision-making priorities, at the expense of others who, in his/her judgment of values, would be more important in the care actions. According to nurses, guilt is also present in situations in which the goals and purposes desired from decisions were not reached.

There is a guilt feeling. When we make many decisions and they don't reach the goal we wanted, we blame ourselves. And also, when we don't give preference to care. It is that feeling: I could not do this carefully, because I was solving a problem other than my function during afternoon. (ENF 3)

Nursing professionals themselves feel guilty, in certain situations, taking into account decisions that did not work or were not taken. (ENF 11)

The value culture produces a subjectivity, in which the behavior of the Nurse decision maker prevents him to appropriate the political and social significance of the work. This devaluation process prevents the mobilization of building professional capacity and implementation of work in spaces of freedom, responsibility and differentiated stages of decision-making. Therefore, this production of subjectivity leads to normalization of the Nurse by configuring his/her way of being in society and their behavior in the face of decisions involving the care process in nursing[6].

Associated with a feeling of guilt, we demonstrate the lack of appreciation or depreciation of the role and the space occupied by nurses in decision-care environment. Even if recognizing and identifying themselves as the center of decisions involving nursing care and care practices, nurses reveal that the professional class does not idealize or value the space and power of decision-making on health care.

We occupy the center of decisions. There are other decisions that depend on our decisions, as well as we depend on other decisions "[...]." (ENF 1)

In fact, we are the professionals who have more power [...] I do not know if it's power of decision "[...]" But we are professionals who are in the position to make more decisions. We are in the situations of care that will require decisions or will require that decisions are put into practice. (ENF 10)

And we just realize that image. But we do not value or assume this role in our unit. (ENF 7)

Our work depends on other professionals. But, almost all professionals that work directly or indirectly in

the unit depend on the nursing staff, so things become possible and the objectives are achieved. Therefore, I see many things that we decided, or at least, the decisions are, in some way, for us. We have that power. I do not know if we realize it. But I'm sure we do not value it. (ENF 3)

The exert of power in decisions that permeate the environment of care, could be linked to the ability of the nurse to resist intellectually, physically and emotionally towards what is imposed to them, and in order to interpret human responses, plan, implement and evaluate nursing interventions, effectively[14]. Assuming and recognizing the central position it occupies in the process of decision-making, Nurses may take ownership of a building space and professional recognition. However, if they do not occupy this space, they are taking part in their own oppression, becoming morally culpable for accepting their status quo[15].

FINAL CONSIDERATIONS

With this study, we found that the behavior of Nurse decision-making is determined by the systems: capitalist, hierarchical, submission and values from the production of subjectivity. However, the economic subjection diffuses in the field of submission, hierarchical systems and values, determining the behavior assumed by nurses in decision-making involving the practice of care actions.

Regarding aspects revealed by hierarchical systems, submission and values, it is observed that the nurse's production of subjectivity, still remains rooted in characteristics that accompany the formation of the nursing professional. This scenario has been defined throughout history of setting professional nurse, strongly influenced by the culture of the social division of work, autonomy versus selflessness, care and charitable actions.

Thus, we identify the importance of introducing other forms of subjectivity to overcome this paradigm, in order to work, in the practice of nursing care, professionals committed to scientific progress and with the principles of professional valuation. The ability to emerge new nurse production of subjectivity may be consolidated from new training facilities, that

contribute to the construction of a political, critical and innovative, indispensable for the singularity of the nurse in the decision-making on practices of care.

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147

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Author's address / _Endereço do autor /_
Dirección del autor
Josefine Busanello
Rua Doutor Maia, 1921, Bela Vista
97501-768, Uruguaiana, RS
E-mail: josefinebusanello@unipampa.edu.br