



## Difficulties of preparing the monthly nursing schedule

*A problemática da elaboração da escala mensal de enfermagem*

*La problemática de la elaboración del rol mensual de enfermería*

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### ABSTRACT

The objective of this study was to discuss the complexity of preparing the monthly nursing schedule during the Nursing Administration course, in an inpatient unit of a public teaching hospital, in São Paulo. We started from the position that the preparation of a monthly schedule consisted of a series of coordinated actions which required: recognition of staff, collection of data needed to characterize the clinical reality, comparison of those data with the literature, and development of a proposal for action, which we would discuss with the nurses in the unit. This experience provided the possibility to reflect on empowerment and the understanding of these professionals about the factors involved in the implementation of this management activity. It allowed us, as well, to demonstrate the importance of diagnosing the needs of the unit and comparing it with the institutional reality, with a view toward possible actions to resolve the identified problems.

**Keywords:** Nursing staff/organization & administration; Health facilities

### RESUMO

O objetivo deste estudo foi discutir a complexidade da elaboração da escala mensal de enfermagem no Estágio Curricular de Administração em Enfermagem, em uma unidade de internação de um hospital público de ensino, do Município de São Paulo. Partiu-se da proposição de que a elaboração da escala mensal constituiu-se em uma série de ações articuladas com o reconhecimento do quadro de funcionários, levantamento dos dados necessários para caracterização da clínica, comparação dos dados com a literatura e estruturação de uma proposta de ação, que foram discutidas com as enfermeiras da unidade. Esta vivência possibilitou a reflexão a respeito do empoderamento e compreensão dessas profissionais sobre os fatores intervenientes na realização dessa atividade gerencial. Permitiu, ainda, evidenciar a importância do diagnóstico das necessidades da unidade, confrontando-o com a realidade institucional, visando a possíveis ações resolutivas frente aos problemas identificados.

**Descritores:** Recursos humanos de Enfermagem/organização & administração; Instituições de saúde

### RESUMEN

El objetivo de este estudio fue discutir la complejidad de la elaboración del rol mensual de enfermería en la Práctica Curricular de Administración en Enfermería, en una unidad de internamiento de un hospital público de enseñanza, del Municipio de Sao Paulo. Se partió de la proposición de que la elaboración del rol mensual se constituye en una serie de acciones articuladas con el reconocimiento del cuadro de funcionarios, levantamiento de los datos necesarios para la caracterización de la clínica, comparación de los datos con la literatura y la estructuración de una propuesta de acción, que fueron discutidas con las enfermeras de la unidad. Esta vivencia permitió la reflexión respecto al empoderamiento y comprensión de esas profesionales sobre los factores intervenientes en la realización de esa actividad gerencial. Permitió, aun, evidenciar la importancia del diagnóstico de las necesidades de la unidad, confrontándolo con la realidad institucional, buscando posibles acciones resolutivas frente a los problemas identificados.

**Descriptor:** Personal de Enfermería/organización & administración; Instituciones de salud

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## INTRODUCTION

The subject “Nursing Administration Curricular Internship” of the Professional Orientation Department (ENO), in compliance with the guidelines defined by the Nursing College of Universidade de São Paulo (EEUSP)<sup>(1)</sup>, aims to capacitate students to perform the nursing management process in a practice environment, based on the competences: knowing how to know, knowing how to do, knowing how to be, and knowing how to live with, acquired along the graduation course, besides exercising the nursing manager role when organizing nursing services.

The contents comprehend care policies, organizational structure, care proposals, nursing personnel and work organization development, as well as planning, executing, and assessing nursing care provided to clients in the practice field.

Such subject was taught in the 8th semester of the nursing graduation course, from August to October, 2008, with a 315 hour workload, through theoretical and practical activities, involving discussions about nursing management administration components.

As part of the subject teaching and learning process, a problem-situation was chosen, along with the unit nurses, professors, and EEUSP specialists who work at the field, aiming to integrate contents learnt in class with the reality experienced during the internship. This strategy allowed students to immerse into the discussion about the possible causes of the problematic in question, and gave them the opportunity to create an intervention plan for the care practice, which would be assessed by all participants in the end.

From this perspective, it is possible to observe that the student’s individual efforts are stimulated by the professor, when searching for knowledge, and the development of competences and abilities<sup>(2)</sup>.

Aiming to develop an intervention plan for the monthly schedule elaboration, several actions were jointly performed, such as staff compliment recognition, survey of the necessary data in order to characterize the clinic, comparison between data and the literature, and an action proposal organization, which was discussed with the unit nurses.

Such plan can be justified by the fact it enables a framework and institutional analysis of how important nursing empowerment is when assessing human resources needs, and planning nursing care. It is relevant to highlight that every action has two dimensions: individual and collective, and the collective dimension is developed by individuals who participate in decision making processes, which demands a collective consciousness in order to overcome political domination<sup>(3)</sup>.

Nurses are the social actors who are directly involved with problem-situations in the hospital nursing area, reason why they have the power and governance over the nursing deliberation instances of the institution.

The human resources recognition and sizing is an initial and important stage of the personnel provision process, whose objective is to forecast how many employees are necessary by category, intending to meet the nursing care area demand<sup>(4)</sup>.

Therefore, according such theme relevance for undergraduate students in the nursing administration area, the objective of the present study was to discuss the complexity of the nursing monthly schedule elaboration during the “Nursing Administration Curricular Internship”, at an admission area of a School Hospital in São Paulo.

## CHARACTERIZATION OF THE UNIT WHERE THE NURSING ADMINISTRATION CURRICULAR INTERNSHIP TOOK PLACE

The studied unit had 28 beds, 14 of which were used by the gastro clinic, and 14 were reserved for the Emergency Room needs. The bed occupancy daily rate was 85%, with four empty beds in the clinic. The average patient stay at the unit was of 6 days. The clientele assisted comprehended medium to low income individuals, with a predominance of elderly people. Cases included gastrostomies and ileostomies resulting from neoplasias or some type of gastric disorder.

As to care, patients were classified either as intermediate or high dependence, and for such classification, nine indicators related to patients’ needs were used, in relation to the nursing care (mental state, oxygenation, vital signs, mobility, feeding, body care, excretion, and therapeutics). For each indicator, scorings ranging from 1 to 5 were assigned according to the dependence level. Patients’ total scores determined their classification, and therefore, the adequate care, as proposed by Resolution n.º 293/2004 (minimum, intermediate, semi-intensive, and intensive)<sup>(5-6)</sup>, from the Conselho Federal de Enfermagem (COFEN – Federal Nursing Council). The patients studied presented scorings varying from 15 to 20 points (intermediate) and from 21 to 26 points (high-dependence).

Professionals in this clinic were distributed in four work shifts, as data from Table 1 demonstrate. The unit has two nurses who work on the day shift: one of which provides care and is the unit supervisor, with a daily 8 hour workload, and the other provides care and has a workload of 6 hours during the afternoon. On the night shift, there were no nurses on duty and the unit supervision was performed by the Nursing Division nurses.

There were 21 nursing assistants, 14 of which had 12 hour shifts due to the service demand, with extra remuneration, although regular work shifts had only 6 hours. Among this group, 10 individuals were nursing technicians, hired as nursing assistants, for the institution does not have such position in its staff compliment. Two employees also had jobs in other institutions; 11 nursing assistants worked 40 hours a week, and eight worked 30 hours a week in a continued employment regime. There were differences among employees' workloads, overtime, as well as the work regime (continued employment and/or statutory employees), employment at other healthcare institutions, professional experience period, training hours and updating, number of leaves of absence, and restrictions regarding the activities performed and one's individuality, which permeates the professional life.

In the studied scenario, the number of non-forecasted absences which occurred in a month's period during the internship, either due to leaves of absence, justified reasons, or unjustified reasons, was 31, corresponding to 28% of the employees, while 72% were not absent.

### THE PROBLEMATIC OF THE NURSING SCHEDULE ELABORATION

The monthly and daily nursing schedule elaboration is part of the manager nurse's responsibilities. Such position articulates and integrates the nursing personnel sizing and distribution process.

Understanding the interfering factors in the elaboration of the work schedules is essential, namely: the number of employees, workload, Leaves of Absence (LOAs), shifts, involved employees' productivity and limitations, relationship among employees working the same shift, patients' dependence degree and complexity of care. Such factors are meant to guarantee the elaboration of a schedule that promotes quality care.

The nursing personnel sizing is the nurse's responsibility, given her/his direct care practice and ability to assess and identify resources able to meet the demand<sup>(7)</sup>. Such activity has an initial stage, which consists of forecasting how many employees are necessary per category, so as to meet the demands of nursing care, which is directly or indirectly provided to the clientele<sup>(4)</sup>. This is a dynamic and complex process, that is part of the nurse's scope, for the clientele needs have to be articulated with the personnel quantity and quality<sup>(8)</sup>.

The Patients' Classification System, in spite of being different depending on the ways assessments take place, helps sizing personnel, as it considers the number of nursing care hours needed and patients' cases seriousness<sup>(5,9)</sup>. Patients' complexity will interfere in the number of nursing care hours to be used when sizing

personnel, and therefore, in managing and producing daily work schedules.

By experiencing the unit routine, it was possible to verify there are difficulties sizing personnel both for the monthly and daily schedules. The daily nursing care planning and the unit management were performed by the manager nurse, who used the activities complexity and the available personnel as references when calculating the number of resources needed, besides daily delegating tasks to the staff, based on the healthcare activities functional model.

According to such model, supervision is an essential role for people management, once workers' specialization and lack of overview require a link between each part of the process with the whole. The model is filled with the so-called functional authority<sup>(10)</sup>.

Some adverse situations, such as non-forecasted absences, work overload (due to the instability of patients' clinical conditions), and non-planned activities (such as patients' exams, and interventions, among others) make the nursing practice more difficult, generating low productivity, decreased care quality, and alterations to the workers' health.

The nursing work is constantly subjected to inadequate working conditions, bringing harms to health, both physical and psychologically, which result in feeding, sleep, and excretion alterations, exhaustion, problems for the organism systems, decrease of alertness, stress, disorganization of family relations and neuroses. These situations contribute to an increase of ergonomic problems, and consequently, of absenteeism rates<sup>(11)</sup>.

The nursing staff compliment in hospitals corresponds to 60% of the total staff, which justifies the attention given to the daily and continuous work the nursing team provides and the importance it has for patients<sup>(5)</sup>.

In the current scenario, where companies are trying to reduce costs with personnel, there might be a reduction in the number of healthcare professionals hired, resulting in overloads and issues for work relationships, which can directly impact on care and the clientele's satisfaction.

An insufficient number of nursing workers can result in overload for the workers who are present, dissatisfaction and decreased patient care quality<sup>(12)</sup>. It can contribute to even higher absenteeism rates at the unit, which is reflected by the number of non-forecasted absences in relation to the number of planned activities, whose causes come from several etiologic factors.

Absenteeism due to diseases can be classified as excessive, for there can be up to 10 LOAs per 100 employees a month<sup>(12)</sup>. Comparing such figures with data identified at the Gastroclinic during the studied period, it was possible to verify it is a high rate, for

there were seven leaves of absence among the 31 absences computed for 25 unit workers.

According to COFEN's Resolution n.º 293/2004<sup>(6)</sup>, the ideal number of resources for an admission unit with 28 intermediate care patients (5.6 hours of nursing care), or high-dependence patients (9.4 hours of nursing care), seven days a week, with 30 to 40 weekly hours (correspondent to a 6 hour daily workload) is calculated according to the parameters presented by Chart 1.

Chart 1 shows the COFEN recommendation for personnel sizing, and a numeric result for professionals

who should be on duty per shift. If compared, the unit figures were far from what is recommended, for there were fewer professionals working at the healthcare service than what is recommended by the Council's norms.

The table shows the personnel deficit at the unit existing reality, considering COFEN's resolution norms about personnel sizing. Such finding also reflects how important nurses' empowering is in order to negotiate with the institution, aiming to re-size the unit staff compliment.

**Chart 1** – Comparison between the number of professionals recommended by COFEN and the number of professionals at the unit, according to work categories and shifts. São Paulo - 2008

Shifts	Moming		Afternoon		Night I		Night II	
	COFEN Recommendation	Unit Actual Numbers	COFEN Recommendation	Unit Actual Numbers	COFEN Recommendation	Unit Actual Numbers	COFEN Recommendation	Unit Actual Numbers
Professionals								
Nurses	4	1	3	1	2	1*	2	1*
Assistants/Technicians	9	8	8	6	7	4**	7	4**

\* Supervising nurse.

\*\*The unit has nine nursing assistants, four in each shift, and one to cover the night shift off-duty workers.

## FINAL CONSIDERATIONS

Given the complexity of the chosen theme, it is relevant to point out that promoting and performing quantitative and qualitative changes to the nursing team is, in general, a management and governance activity that depends not only on the team, but also on external factors, involving the institution/government policy regarding selection, hiring, training, and permanently assessing human resources at healthcare institutions.

The unit nurses' "empowerment" intervention strategy can be highlighted as positive aspect for people management, as well as their involvement in the proposal, discussion, and analysis of the present study. During the discussion sessions, there were reflection and analysis moments about important problem-defining

factors. Because nurses are technically responsible for nursing tasks, they should be able to elaborate the personnel schedule.

During this process, the undergraduate students' participation favoured learning and reflection, in an effort to better understand policies related to nursing personnel acquisition, considering the constant need for negotiation nurses have to go through in order to hire new nursing resources. In the end, the theme analysis enabled both the students' learning and the nurse's capacitation to discuss nursing personnel sizing.

Along the internship period, the unit manager nurse's role was experienced, as well as the responsibility to manage human resources in order to meet the clientele needs, and above all, it was possible to understand nurses' reality and interfering factors when changes are aimed.

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