

Concept analysis of nursing care management in the hospital context

Análise conceitual da gestão do cuidado em enfermagem no âmbito hospitalar

Deborah Dinorah de Sá Mororó¹

Bertha Cruz Enders¹

Ana Luisa Brandão de Carvalho Lira¹

Cícera Maria Braz da Silva¹

Rejane Maria Paiva de Menezes¹

Keywords

Hospitals; Management; Health services administration; Health management

Descritores

Hospitais; Gerência; Administração de serviços de saúde; Gestão em saúde

Submitted

March 29, 2017

Accepted

June 28, 2017

Abstract

Objective: To analyze the concept of nursing care management in the hospital context on the basis of the theoretical-methodological framework of Walker and Avant.

Methods: Elaboration of an integrative review to operationalize the analysis of the subject, extracting data from the databases Latin America and Caribbean Center on Health Sciences Information, Scientific Electronic Library Online and the Brazilian Nursing Database, using the keywords and descriptors Care Management, Nursing and Hospital.

Results: The review showed that management practice by nurses focuses on bureaucratic activities and has little relationship to care. However, coordination and integration of administration and care, leadership, communication, interaction, decision-making and cooperation were identified as essential characteristics of nursing care management.

Conclusion: The application of this concept in nursing care management is an emerging need for the development of an administration model related to care.

Resumo

Objetivo: Analisar o conceito gestão do cuidado em enfermagem no âmbito hospitalar, com base no referencial teórico-metodológico de Walker e Avant.

Métodos: Realizou-se uma revisão integrativa, para operacionalizar a análise, nas bases de dados *Literatura Latino-americana* e do Caribe em *Ciências da Saúde*, *Scientific Electronic Library Online* e a *Base de dados de Enfermagem*, utilizando palavra chave e descritores: Gestão do Cuidado, Enfermagem e Hospital.

Resultados: Evidenciou-se uma prática gerencial do enfermeiro com enfoque para as atividades burocráticas e pouco articulada ao cuidado. Entretanto, identificaram-se a articulação e integração entre o gerenciamento e o cuidar, liderança, comunicação, interação, tomada de decisão e cooperação como atributos essenciais da gestão do cuidado em enfermagem.

Conclusão: A aplicação desse conceito na prática gerencial do enfermeiro apresenta-se como uma necessidade emergente para o desenvolvimento de um modelo de gestão vinculada ao cuidar.

Corresponding author

Deborah Dinorah de Sá Mororó
Rua General Gustavo Cordeiro de Faria,
s/n, 59010-115, Natal, RN, Brazil.
deborahsa1@hotmail.com

DOI

<http://dx.doi.org/10.1590/1982-0194201700043>



¹Universidade Federal do Rio Grande do Norte, Natal, RN, Brazil.
Conflicts of interest: there are no conflicts of interest to declare.

Introduction

Assuming that management and administration are synonyms and mean action, thinking and decision, they can be understood as the art of obtaining results that can be defined, predicted, analyzed and evaluated. Therefore, management and administration can be treated as scientific and rational fields, from which analyses and cause and effect relationships can be extracted. At the same time, they are exposed to unpredictability and human interactions, which gives them an intuitive, emotional and spontaneous dimension.⁽¹⁾

Health care management is defined as the provision of health technologies, taking into account the unique needs of people at different times in their lives, aiming at offering well-being, safety and autonomy. It manifests in six dimensions: individual, family, professional, organizational, systemic and societal.⁽²⁾

In nursing, care management is applied to the coordination of the management and service dimensions of the nursing work process. When nurses act in the management dimension, they develop actions directed toward work organization and human resources, whose goal is to enable proper conditions for the delivery of care to patients and nursing team performance. The target of the care dimension, in its turn, is the needs of health care, which must be met fully.⁽³⁾

Therefore, two complementary dimensions can be identified in the nursing work process: the management dimension, whose subjects are work organization and nursing human resources; and the care dimension, whose focus of intervention is the care needs of patients.⁽⁴⁾ The management function encompasses actions peculiar to nursing work that are directly associated with the nursing care process, mobilizing actions in relationships, associations and interactions among people,⁽³⁾ which makes leadership an essential competence to accomplish this, since it facilitates personal and group interactions to meet common goals.^(1,5)

However, when nurses carry out the management dimension, they often encounter dilemmas, doubts, conflicts, misunderstandings and contra-

dictions, because they have to deal with administrative duties that are not well-coordinated with care actions.

This generates conflicts, frustration and dissatisfaction about professional identity, mainly as it relates to know-how about care, given that management actions usually focus on administrative and bureaucratic activities to meet institutional demands.⁽⁶⁾ For this reason, nurses sometimes identify their job as being of a bureaucratic-care nature and sometimes classify it as directed to care, maintaining a dichotomy between management and care.⁽⁵⁾

A study focused on the theoretical elaboration of nursing care management in the hospital context corroborated this, supporting the idea that nurses have conceptual difficulties with nursing care management actions and revealing a dialectical relationship between management and care expertise. This dialectic consists of an entanglement involving knowledge about management and care, through the existence of an interface separating these two objects in nursing practice, so that know-how has a technical and technological dimension, and involves personal and scientific knowledge, technical skills, and management and care competencies.⁽⁷⁾

Taking this into consideration, it is known that this problem is not an exclusive concern of the recent context of nursing practice. Other initiatives oriented to solving the conceptual and practical dichotomy of nursing care management have preceded the present study. Such research has presented important contributions regarding reflections on nursing care management as they foster new investigations.

However, inconsistencies persist between care management concepts and their application by nurses. Thus, it is considered relevant to analyze the concept of nursing care management in the hospital context to broaden the discussion, strengthen the foundations of nursing science, and potentialize the applicability of the concept.

To achieve that, the authors proposed to analyze the concept of nursing care management in the hospital context to make it clearer and contribute to this subject.

Methods

Concept analysis is a method that requires a careful process of examination of the basic elements of a concept, helping point out similarities and differences by splitting the concept under discussion into simpler elements to make it easier to determine its internal structure.⁽⁸⁾

Walker and Avant⁽⁸⁾ simplified the concept analysis procedure suggested by Wilson, which consisted of 11 steps, by reducing it to eight. The new version consisted of the following stages: 1) selection of the concept; 2) determination of the purpose of the analysis; 3) identification of the uses of the concept; 4) determination of its attributes; 5) identification of a model case of the concept; 6) identification of contrary cases; 7) identification of antecedents and consequences; and 8) definition of empirical references. Following the method, the authors chose to use the concept analysis framework by Walker and Avant,⁽⁸⁾ by means of the stages: selection of the concept; determination of the purpose of the analysis; identification of the uses of the concept; determination of its attributes; identification of a model case of the concept; identification of antecedents and consequences and definition of empirical references. Since the construction of the concept of care management in the hospital context required the clarification of the phenomenon in question, the authors chose not to use the identification of contrary cases, which is employed to reinforce the decision on the definition of attributes.⁽⁸⁾ However, the absence of this topic does not bring any loss to the concept analysis.

After the choice of the method, an integrative review was carried out about nursing care management in the hospital setting. The selected texts were submitted to a second screening based on the following inclusion criteria: complete papers whose titles had the terms management or administration oriented to nursing care in the hospital context, available free of charge in the searched databases, in English, Portuguese or Spanish, published in the past five years. This

screening process was performed to make it easier to spot the studies related to the topic in the hospital context.

The papers were selected from the databases Latin America and Caribbean Center on Health Sciences Information (LILACS), Scientific Electronic Library Online (SciELO) and the Brazilian Nursing Database (BDENF), because these are the most important resources on Brazilian, South American and Caribbean literature in the health and nursing fields. Data extraction was performed by one researcher from December 27, 2015 to January 15, 2016.

Database surveys were carried out by using one keyword and two descriptors: 1: care management, 2: nursing, and 3: hospital, respectively, in Portuguese, English and Spanish. The survey was conducted with the inclusion of the Boolean operator “and” to cross the searched items. In LILACS, 1,312 publications were selected by crossing the first and second items, 621 by crossing the first and third items, and 360 by crossing all the items. Inclusion criteria were subsequently applied; duplicate papers were excluded. The abstracts were then read, and the remaining material consisted of 13, 4 and 3 papers for each search combination, totaling 20 studies obtained from this database.

In BDENF, 82 papers were selected by crossing the first and second items, 265 by crossing the first and third items, and 63 from the combination of the three items. After application of the inclusion criteria and exclusion of duplicates, 6 studies remained for analysis. After a careful reading of the full texts, 4 papers were chosen for inclusion in the final sample of the review.

The survey in SciELO provided the following results: 212 papers were obtained by crossing the first and second items, 153 by crossing the first and third items, and 66 in the search that included all the items. After exclusion of duplicate studies, application of the inclusion criteria, and meticulous reading of the manuscripts, 3 publications were chosen. Figure 1 depicts the paper selection process.

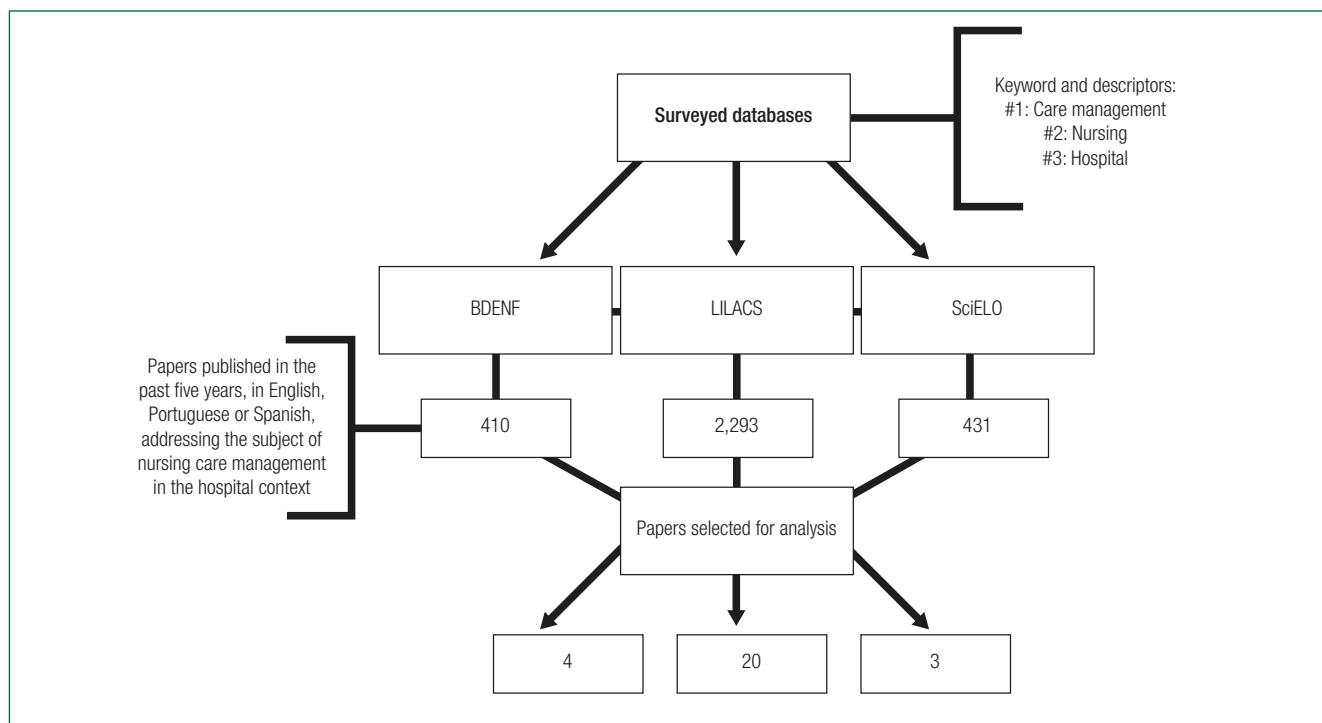


Figure 1. Flowchart showing the literature survey in BDNF, LILACS and SciELO

After collection of the scientific production about the subject, exhibited in chart 1, the full papers were read thoroughly to determine the defining attributes, the identification of precedents and consequences, and the empirical references of the concept of nursing care management. To identify the concept, attributes, antecedents and consequences in the studies, the following questions were created to guide the work: *What is the definition of nursing care management or administration in the hospital context? What are the specificities that the concept under analysis presents? What events contribute to the existence of the concept under analysis? What are the results of the application of the concept under analysis?*

To identify the model case and the empirical references, the guiding questions were: What model case in nursing care management demonstrates all the attributes of the concept definition? How can this concept be measured?

Careful reading of each paper allowed the identification of the words related to antecedents, attributes, consequences and empirical references of nursing care management.

During the review process, words that referred to antecedents were highlighted in yellow, those

related to attributes in blue, and those associated with empirical references in red. Finally, the terms used more times in the papers were selected. The data are shown in a chart, and analyzed according to the literature.

Results

Identification of the use of the concept of nursing care management

Most original investigations oriented to nursing care management in the hospital context focus on the way that nurses perform management and care actions in their practice. It was noticed that care management is construed as a complementary sub-process in the nursing work process, but that it is necessary to recognize care as the target to be administered in health services.⁽⁹⁾ Regarding the places where healthcare professionals appropriated the expression, the areas that stood out were emergency and urgency units, mobile prehospital care services, general patient and obstetric units, and outpatient clinics.^(9, 10, 11, 12, 13)

Chart 1. Characterization of the studies about nursing care management in the hospital context; the papers are organized according to title, authors, objective and type of study

Title/Authors	Objective	Type of study
Gestão contemporânea: a ciência e a arte de ser dirigente (Contemporary management: the Science and the art of being a leader). Motta PB ⁽¹⁾	To reconcile theory and management practice, resulting in a new and more consistent vision of the management world.	Theoretical study.
Theoretical and conceptual notes on evaluative processes taking the multiple dimensions of healthcare management into account. Cecílio LC ⁽²⁾	To present a reflection on health evaluation that takes into account the multiple dimensions of health care management (individual, family, professional, organizational, systemic and societal).	Reflection study.
Meanings of care management built throughout nurses' professional education. Senna MH et al. ⁽³⁾	To understand the meanings of care management to academics, nurses and professors built throughout professional training.	Qualitative study, guided by grounded theory.
Perception of nurses regarding management activities for user assistance. Giordani JN, Bisogno SB, Silva LA ⁽⁴⁾	Identify the perception of nurses working in a general hospital about management activities in care to users.	Qualitative, exploratory and descriptive study.
Nursing and leadership: perceptions of nurse managers from a hospital in Southern Brazil. Pereira LA et al. ⁽⁵⁾	To identify how nurse managers define and execute leadership in a philanthropic hospital in the South region of Brazil and the training methods of these nurses to develop this activity.	Quantitative study.
The affects in the managerial working process in the hospital: the Experiences of the nurse. Lima RS, Lourenço EB ⁽⁶⁾	To understand the feelings experienced by nurses as a response to management activities in the hospital context.	Qualitative, exploratory, descriptive and cross-sectional study.
Nursing care management in hospital settings: the building of a construct. Christovam BP, Porto IS, Oliveira DC ⁽⁷⁾	To create and present the theoretical definition of nursing care management in the hospital context.	Multi-referential approach to build concepts.
Strategies for theory construction in nursing. Walker LO, Avant KC ⁽⁸⁾	To describe strategies to build theories in the nursing area and the concept analysis method.	Theoretical study.
Institutional demands and care demands in the management of nurses in an emergency unit. Montezelli JH, Peres AM, Bernardino E ⁽⁹⁾	To characterize the management activities of a nurse in an emergency room.	Qualitative study.
Nursing management in the emergency unit: problems and challenges. Zambiasi BR, Costa MC ⁽¹⁰⁾	To identify difficulties and challenges in the nursing management of an emergency unit and report the management activities carried out by nurses.	Qualitative and descriptive study.
Organizational context and care management by nurses at emergency care units. Santos JL et al. ⁽¹¹⁾	To understand the meanings attributed to the configurations of the organizational context and to nurses' performance in the care management of an emergency care unit.	Qualitative study guided by grounded theory.
Emergency medical service nursing staff perceptions about nursing management. Bueno A.A, Bernardes A ⁽¹²⁾	To characterize the management/supervision carried out by nurses in a mobile prehospital care unit according to the opinion of the nursing staff in a city in the countryside of Minas Gerais, Brazil.	Qualitative, exploratory and descriptive study.
Nurses' care and management actions in emergency trauma cases. Azevedo AL de C.S, Scarparo AF, Chaves LDP ⁽¹³⁾	To analyze care and management actions of the nurses in a hospital traumatic emergency unit.	Qualitative, exploratory, descriptive, multiple case study.
Nursing perceptions about abortion management and Care: a qualitative study. Streffling IS et al. ⁽¹⁴⁾	To describe management and care for women admitted because of miscarriage from the perspective of nursing professionals.	Qualitative, exploratory and descriptive study.
Management of nursing care of the adolescent living with HIV/AIDS. Koerich C et al. ⁽¹⁵⁾	To characterize nursing care management in a unit focused on the care of teenagers who contracted/developed HIV/AIDS through vertical transmission during the transition carried out in the reference services in the treatment of HIV/AIDS for children and adults in a state in the South region of Brazil, suggesting strategies for this adaptation period.	Qualitative, exploratory and descriptive study.
Competencies developed in a nursing management distance learning specialization course. Okagawa FS, Bohomol E, Cunha IC ⁽¹⁶⁾	To identify management competencies developed during the distance education specialization in nursing management by analysing the answers of the students to a questionnaire.	Exploratory study with a qualitative and quantitative triangular approach.
Relevance level of application of management competencies in nursing. Ángel-Jiménez GM, Lopera-Arrubla CP ⁽¹⁷⁾	To identify the relevance and level of application of the main competencies in nursing management.	Descriptive study with a qualitative and quantitative approach.
Management competences in the formation of nurses. Lourencao DC, Benito GA ⁽¹⁸⁾	To identify the insertion of management competencies in nursing training.	Qualitative study that analyzed the contents of pedagogical documents of a nursing school at a university.
Nursing care management to men with cancer. Mesquita MG ⁽¹⁹⁾	To discuss the interactions between gender perspective and comprehensiveness in nursing care management focused on care for men with cancer.	Qualitative study guided by grounding theory.
Management theories in health care. Paiva SM et al. ⁽²⁰⁾	To review the influence of administration theories in the organization of health services, emphasizing the quality of the care and to use it as a basis for a reflection on the nursing work process.	Literature review.
Management: counterpoints perceived by nurses between training and the workplace. Montezelli JH, Peres AM ⁽²¹⁾	To identify nurses' perceptions about the counterpoints in training and real requirements of the work environment for the application of management practices.	Qualitative and descriptive study.
Computerization of Nursing Care System: advances in care management. Ribeiro JC, Ruoff AB, Baptista CL ⁽²²⁾	To discuss the facilitative and hindering aspects of the informatization of nursing care systematization in nursing care management.	Multiple case study.
La vinculación ético-jurídica entre la gestión del cuidado y la gestión de riesgos en el contexto de la seguridad del paciente. Milos P, Larrain AI ⁽²³⁾	To reveal the existence of an ethical-legal relationship between care management and risk management in the context of patient safety.	Reflective study about nursing care and patient safety from an ethical-legal viewpoint.
Competencias para la enfermera/o en el ámbito de gestión y administración: desafíos actuales de la profesión. Soto-Fuentes P et al. ⁽²⁴⁾	To answer two questions: What is currently required from nurses in the management context? What are the most important nursing management competencies and how do they relate to care management?	Literature review.
Enfermería en el rol de gestora de los cuidados. Estefo Agüero S, Paravicklijn T ⁽²⁵⁾	To emphasize the importance of some aspects necessary to work as a nursing care manager	Reflective study.
The construction process of managerial profile competencies for nurse coordinators in the hospital field. Manenti AS et al. ⁽²⁶⁾	To create a profile of management competencies agreed on by nurses who act as coordinators in this area.	Action research.
Entrevista com gestores como método pedagógico para o gerenciamento na enfermagem: conhecer para ser (Interviews with managers as a pedagogical method for nursing management: learning to be). Ferreira Junior AR, Souza Vieira LJ, Barros NF ⁽²⁷⁾	To discuss active teaching-learning methodologies in nursing management.	Experience report.
Care management for tuberculosis: from education to the nurse practice. Barrêto AJ ⁽²⁸⁾	To analyze the relationship between nursing training and actions oriented to tuberculosis care management.	Qualitative and descriptive study.
Analysis of the UCSF Symptom Management Theory: Implications for Pediatric Oncology Nursing. Linder L ⁽²⁹⁾	To analyze the symptom management theory developed at the University of California at San Francisco, focusing on research applications involving children with cancer.	Analysis of the theory using the process described by Walker and Avant

It was shown that in these places nursing management practices are oriented mainly toward providing material resources and determining the size of work teams, in an activity separate from care to patients and the fulfillment of user needs.

Defining attributes of nursing care management

Although studies have shown that nursing management practice is focused on bureaucratic administrative activities that bear little relationship to care, the analyzed papers presented coordination and integration as essential characteristics of care management, as well as leadership, teamwork, communication, and coordination and cooperation among nursing teams and with other healthcare professionals and users.^(3,6,12,14,15, 16,17,18)

Coordination of management actions and the care process provides nurses with possibilities to reunite with care, and consequently contributes to increased satisfaction levels and decreased work stress.⁽⁶⁾

The literature survey allowed identification of coordination and integration of management and care, and the practices of leadership, interaction, communication, decision-making and cooperation, as fundamental attributes in nursing care management. The interactive relationship between nurses and users stands out as an important element in care management dynamics, because it allows exchanging information and establishing trust and bonds, contributing to the realization of actions to promote and recover user health.⁽¹⁹⁾

Based on the identified attributes, it was possible to create the following definition of nursing care management: "It is the coordination and integration of care and management actions, through the practice of leadership and interaction, communication and cooperative relationships by nurses towards nursing teams, healthcare professionals, and users".

Creation of a model case

The model case is an example of use of the concept and presents all its attributes. It can be found in the literature and based on real-life events or created

by the concept analyst.⁽⁸⁾ In the present study, the authors opted to create a model case based on the experiences of one of the authors in a pediatric unit. The case is described below.

A nurse integrating the multi-professional team in a pediatric unit came across the case of a teenager with a diagnosis of chronic kidney disease; she had been submitted to a kidney transplant six months previous, having the father as the donor. Her history was marked by family conflict after her parents' divorce and her mother's moving abroad, which created intense conflict between her maternal grandmother and her father.

After the kidney transplant, the teenager was readmitted to the hospital several times because of recurrent urinary infections, a problem that was always permeated by the family issues and the precarious socioeconomic conditions she lived in. After the surgery, the father won custody of her. He was unemployed and both were living on government benefits.

In this scenario, chief nurses assume the position of leader of the nursing team and carry out nursing care management, emphasizing integrated and humanized care, centered on user needs. They use relational technologies and interact with patients and their families by welcoming them and creating bonds, assuming that they will help establish affection and trust, which are essential to care management. The nursing process systematizes this care by identifying patient needs, outlining nursing diagnoses, planning and executing nursing prescriptions, implementing interventions oriented to comprehensive care, and evaluating the care provided.

From this perspective, nurses coordinate and communicate with the members of nursing teams and other health professionals (in this case, a nephrologist, social worker, nutritionist, psychologist and pharmacist) through interprofessional discussion of the case and establishing interactive and cooperative relationships, sharing and negotiating responsibilities and decision-making, in the search for alternatives to improve the quality of life of patients.

Interprofessional interaction allows nurses to participate in the design of the singular thera-

peutic projects of patients; the goals are improvement of patient clinical condition, reinsertion in families, and hospital discharge. To achieve care comprehensiveness, nurses, together with inter-professional hospital teams and relatives, enables continuity of care at home through coordination and interaction with the Family Health Strategy or home care services.

Antecedents and consequences

In this step, a literature survey was carried out to identify historical facts that preceded the phenomenon under analysis.⁽⁸⁾ It was found that the dichotomy between management and care pervades the nursing administration field to the present day. This understanding was influenced by scientific theory, which arose at the beginning of the twentieth century, during the industrial period. This approach involved application of scientific methods to administration issues; it was an adaptation of Taylorism or management rationality, centered on duty, productivity, division of work, specialization and standardization of activities. Subsequently, industries emerged and a need arose to organize companies more efficiently. Thus, to satisfy these demands, the bureaucratic theory was developed and quickly spread throughout business organizations, including health services. That was the consolidation of Taylorism and the bureaucratic model.⁽²⁰⁾

This model is characterized by centralization, hierarchy, and work control through regulation, norms and standards of behavior. Therefore, the management function controlled by this conception that is practiced in the hospital setting favors norms, routines and procedures to the detriment of the user needs.⁽²⁰⁾

The management practice influenced by this model is marked mainly by fragmentation of work, with separation of the conception and steps in its execution, and management control of the production process associated with strict hierarchy and rationalization of the administration structure. As a consequence of this historical process, nursing management embarked on an area focused on human and material resources, distant

from care and oriented to institutional requirements, whose main characteristics are fragmentation and division of work, management control of the production process, impersonality in interpersonal relationships and emphasis on procedures and routines.⁽³⁾

Nevertheless, this is a management model that does not meet the complexities of health care, which shows the need to incorporate new concepts to create a nursing professional profile based on scientific evidence and relational, ethical, political and humanistic competencies, that allows professionals to practice the care management function with creativity and autonomy and move away from empiricism.^(3,21)

In opposition to Taylorism, the human relations theory of management valued subjective aspects in management and revealed that employees perform differently when their function are developed in groups. This theory inspired the multi-professional work model and had a positive impact in health services.⁽²⁰⁾ As a consequence of these changes in management conceptions and practices, innovative and interactive ways to manage in the nursing area have been envisaged, to achieve shared decision-making, favor interpersonal relationships in teams, develop systematization of nursing care (SNA), and qualify the care offered to users.⁽²²⁾

Empirical references

This is the final step in the analysis and aims to determine the existence of, or show the occurrence of, the phenomenon in the real world.⁽⁸⁾ It was observed that nursing care management qualifies care as it relates to planning, organizing and controlling care delivery, which must be timely, safe, comprehensive, continuous and personalized.^(17,23)

When assuming positions of leadership in nursing care management through interactive and collaborative relationships with health professionals and patients, nurses enable the delivery of timely, safe, continuous and individualized care. In addition, they give the profession greater visibility in the social context and increase its development.

Chart 2. Antecedents, attributes, consequences and empirical references in nursing care management in the hospital context

Antecedents	Attributes	Consequences	Empirical References
Scientific theory and bureaucratic theory, which originated in Taylorism and the bureaucratic model.	Coordination and integration of management and care; leadership, decision-making, interaction, communication and cooperative relationships between nurses, nursing teams, healthcare professionals and users.	Qualification of care for users; development of SNA; improvement of interpersonal relationships in teams; sharing of decision-making.	Indicators of the safety of the care given to patients; quality of the knowledge of teams; communication process between nursing teams, healthcare professionals and users.

^(17,23) The management of nursing care processes implies minimization of risks and maximizing of benefits for users, health teams, institutions and communities.⁽²⁴⁾

Therefore, it is understood that the empirical references of the existence of this phenomenon may be represented by safety indicators of patients, which show the quality of interprofessional interaction, effective communication, integration and coordination, given that care management involves essentially the promotion of safe environments.⁽²³⁾ To achieve this, it is necessary to make efforts to implement the monitoring of safety indicators and of control of hospital-acquired infections, such as healthcare-associated infections, pressure-related injuries, and mistakes in the preparation and administration of medication, among others, that represent quality of care and can be used as empirical references for nursing care management.

Chart 2 summarizes antecedents, attributes, consequences and empirical references in nursing care management.

Discussion

Nursing care management is construed as a professional practice of nurses, based on care science, and carried out through actions of planning, organization and control of timely, safe and comprehensive care delivery, to ensure continuity of care and support policies and strategical orientations in health institutions. From this perspective, nurses must provide an organizational culture that favors the practice of care, selecting people, developing training programs, and implementing a care model that can guide nursing practice and promote the actions of healthcare professionals.⁽²⁵⁾

Thus, the performance of nurses in care management has three dimensions: technical, understood as a set of instruments, knowledge and skills necessary to meet the goals of specific projects; political, characterized by coordination of management tasks and the care projects they are directed toward; and communication, which is revealed in the work relationships established by health teams, and is ideally interactive and cooperative, directed toward common care undertakings, built collectively and focused on dialogue that mediates theory and practice.⁽²⁶⁾

Leadership arises as a fundamental component of management, for which nurses must prepare by developing a crucial skill for success: communication. This is seen as the basis of leadership, an indispensable element for this process to take place. Another essential ability for the practice of leadership is decision-making, which requires the ability to spot problems, search for solutions and select alternatives that best allow for meeting the intended targets.⁽²⁵⁾

Taking into consideration the relevance of the management function for nurses, it is necessary to emphasize the importance of investing in the management component during nurse training to provide professionals with the tools they need to develop the leadership, teamwork, communication, interpersonal relationships, decision-making, planning and organization skills, among others, that are necessary in their professional profile.⁽¹⁷⁾

The crucial attributes for nursing care management must be worked on and developed during nurse training through the approximation of theoretical knowledge and practice.⁽²⁷⁾

However, nurse training based on the attributes of care management requires a departure from traditional teaching models focused on fragmentation of information and practices, and recognition of the

need for transdisciplinarity and extending relationship networks to conform to this new professional profile. In this way, the use of pedagogical methods that allow recognition of users as singular individuals, and that allow for experience and development of leadership skills, will provide the foundation for nurses to engage in interdisciplinarity.^(18,28)

The complexity of health care refers to the need for interdisciplinary work through sharing knowledge, responsibilities and decisions, in order to overcome interdisciplinary barriers and achieve care comprehensiveness.⁽¹⁸⁾ Nevertheless, studies have shown that in undergraduate courses, teaching spaces are still focused mainly on clinical practice, especially the healing field; the predominant approach is biological, with a significant dissociation between theory and practice.⁽²⁸⁾ It is necessary to rethink nurse training and invest in permanent education by offering varied experiences that allow professionals to develop management skills and overcome the dichotomy between management and care. These abilities will shape professionals for collective, interdependent and cooperative work.⁽³⁾

From this understanding, it is possible to create other nursing care management models based on interactive and cooperative relationships with health professionals and patients to provide timely, continuous, safe and individualized care.^(17,23)

In addition, it is also necessary to apply theories and conceptual models to guide nursing clinical practice and conduct research in the area. However, these theories can be used only after previous analysis to evaluate their applicability and identify inconsistencies and strengths. One study in the U.S. analyzed a medium-reach theory called symptom management theory, developed at the University of California at San Francisco, examining its implications for nursing clinical practice in pediatric oncology. The investigation showed the potential of the theory to influence guidance of nursing interventions and development of strategies directed to the management of symptoms in children with cancer, in addition to illustrating the applicability of the model in the research field.⁽²⁹⁾

On the basis of the findings of the present study, it is necessary to stress the importance of investing

in the development of theoretical models that can guide clinical practice and nursing research to break the dissociation between teaching, research and care and enable continuous coordination and integration of these dimensions.

The present study had some limitations. The concept analysis used secondary data, which can lead to subjectivity. In addition, the database survey was conducted by only one researcher, and the selected period of five years narrowed the observation to the most recent scientific production on the subject. Some positive points that deserve to be emphasized are the relevance of concept analysis as a foundation of nursing practice and the potential of integrative reviews in the health area, considering that they provide synthesis of significant publications about a specific theme, which facilitates the incorporation of results into practice.

Conclusion

The present study allowed the identification, as essential attributes of the investigated phenomenon, coordination and integration of management and care, and interaction, communication, decision-making and cooperation, which must rule the interpersonal relationships established by nurses with members of nursing teams, health professionals and patients. The application of this concept in nursing management practice has brought to light the need to develop a management model associated with care, sharing of duties among staff, and qualification and comprehensiveness of the care provided to users. Its applicability can be assessed through quality of care indicators, especially those related to patient safety.

Collaborations

Mororó DDS, Enders BC and Lira ALBC contributed to the conception of the study, critical and relevant review of the manuscript, and final approval of the version to be published. Braz da Silva CM and Menezes RMP contributed to writing of the manuscript, critical and relevant review of the intellectual content, and final approval of the version to be published.

References

1. Motta PB. *Gestão contemporânea: a ciência e a arte de ser dirigente*. 15a ed. Rio de Janeiro: Record; 2004.
2. Cecilio LC. Apontamentos teórico-conceituais sobre processos avaliativos considerando as múltiplas dimensões da gestão do cuidado à saúde. *Interface Comun Saúde Educ*. 2011; 37(15):589-99.
3. Senna MH, Drago LC, Kirchner AR, Santos JL, Erdmann AL, Andrade SR. Meanings of care management built throughout nurses' professional education. *Rev Rene*. 2014; 15(2):196-205.
4. Giordani JN, Bisogno SB, Silva LA. Percepção dos enfermeiros frente às atividades gerenciais na assistência ao usuário. *Acta Paul Enferm*. 2012; 25 (4):511-6.
5. Pereira LA, Primo LS, Tomaszewski-Barlem JG, Barlem EL, Ramos AM, Hirsh CD. Nursing and leadership: perceptions of nurse managers from a hospital in Southern Brazil. *Rev Pesq Cuid Fundam*. Online, 2015; 7(1):1875-82.
6. Lima RS, Lourenço EB. Os afetos no processo de trabalho gerencial no hospital: as vivências do enfermeiro. *Rev Enferm UFSM*. 2014; 4(3):478-87.
7. Christovam BP, Porto IS, Oliveira DC. Nursing care management in hospital settings: the bulding of a construct. *Rev Esc Enferm USP*. 2012; 46(3):734-41.
8. Walker LO, Avant KC. *Strategies for theory construction in nursing*. 5th ed. New Jersey: Pearson Prentice Hall; 2011.
9. Montezeli JH, Peres AM, Bernadino E. Demandas institucionais e demandas do cuidado no gerenciamento de enfermeiros em um pronto socorro. *Rev Bras Enferm*. 2011; 64(2):348-54.
10. Zambiasi BR, Costa MC. Gerenciamento de enfermagem em unidade de emergência: dificuldades e desafios. *Rev RAS*. 2013; 55(61):170-6.
11. Santos JL, Pestana AL, Higashi GD, Oliveira RJ, Casstari SS, Erdmann AL. Contexto organizacional e gerência do cuidado pelos enfermeiros em unidades de pronto atendimento. *Rev Gaúcha Enferm*. 2014; 35(4):58-64.
12. Bueno AB, Bernardes A. Percepção da equipe de enfermagem de um serviço de atendimento pré-hospitalar móvel sobre o gerenciamento de enfermagem. *Texto Contexto Enferm*. 2010; 19(1):45-53.
13. Azevedo AL, Scarparo AF, Chaves LD. Nurses care and management actions in emergency trauma cases. *Invest Educ Enferm*. 2013; 31(1):36-43.
14. Streffling IS, Lunardi Filho WD, Kerber NP, Soares MC, Ribeiro JP. Percepções da enfermagem sobre gestão e cuidado no abortamento: estudo qualitativo. *Texto Contexto Enferm*. 2015; 24(3):784-91.
15. Koerich C, Santos FC, Meirelles BH, Erdmann AL. Gestão do cuidado de enfermagem ao adolescente que vive com HIV/AIDS. *Esc Anna Nery*. 2015; 19(1):115-23.
16. Okagawa FS, Bohomol E, Cunha IC. Competências desenvolvidas em um curso de especialização em gestão em enfermagem à distância. *Acta Paul Enferm*. 2013; 26(3):238-44.
17. Ángel-Jiménez GM, Lopera-Arrubla CP. Relevance y level of application of management competencies in nursing. *Invest Educ Enferm*. 2013; 31(1): 8-19.
18. Lourencao DC, Benito GA. Competências gerenciais na formação do enfermeiro. *Rev Bras Enferm*. 2010; 63(1):91-7.
19. Mesquita MG, Paes GO, Silva MM, Duarte SC, Erdmann AL, Leite JL. Gerência do cuidado de enfermagem ao homem com câncer. *Rev Pesq Cuid Fundam Online*. 2015; 7(3):2949-60.
20. Paiva SM, Silveira CA, Gomes EL, Tessuto MC, Sartori NR. Teorias administrativas na saúde. *Rev Enferm UERJ*. 2010; 18(2):311-6.
21. Montezeli JH, Peres AM. Gerenciamento: contrapontos percebidos por enfermeiros entre a formação e o mundo do trabalho. *Ciênc Cuid Saúde*. 2012; 11 (Supl):138-43.
22. Ribeiro JC, Ruoff AB, Baptista CL. Informatização da sistematização da assistência de enfermagem: avanços na gestão do cuidado. *J Health Inform*. 2014; 6(3):75-80.
23. Milos P, Larraín AI. La vinculación ético-jurídica entre la gestión del cuidado y la gestión de riesgos en el contexto de la seguridad del paciente. *Aquichan*. 2015; 15(1):141-53.
24. Soto-Fuentes P, Reynaldos-Grandón K, Martínez-Santana D, Jerez-Yáñez O. Competencias para la enfermera/o en el ámbito de gestión y administración: desafíos actuales de la profesión. *Aquichan*. 2014; 14(1):79-99.
25. Estefo Aguero S, Paravicklijn T. Enfermeira en el rol de gestora de los cuidados. *Ciênc Enferm*. 2010; 16(3): 33-9.
26. Manenti AS, Ciampone MH, Mira VL, Minami LF, Soares JM. O processo de construção do perfil de competências gerenciais para enfermeiros coordenadores de área hospitalar. *Rev Esc Enferm USP*. 2012; 46(3):727-33.
27. Ferreira Junior AR, Souza Vieira LJ, Barros NF. Entrevista com gestores como método pedagógico para o gerenciamento na enfermagem: conhecer para ser. *Enferm Glob*. 2012; 11(27):106-14.
28. Barrêto AJ, Evangelista AL, Sá LD, Almeida SA, Nogueira JA, Lopes AM. Gestão do cuidado à tuberculose: da formação à prática do enfermeiro. *Rev Bras Enferm*. 2013; 66 (6): 847-53.
29. Linder L. Analysis of the UCSF Symptom Management Theory: Implications for Pediatric Oncology Nursing. *J Pediatr Oncol Nurs*. 2010; 27(6):316-24.