



## Perception of nurses regarding management activities for user assistance\*

*Percepção dos enfermeiros frente às atividades gerenciais na assistência ao usuário*

*Percepción de los enfermeros frente a las actividades gerenciales en la asistencia al usuario*

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### ABSTRACT

**Objective:** To identify the perceptions of nurses in a general hospital about managerial activities for user assistance. **Methods:** A qualitative, exploratory and descriptive study. The research subjects were 13 nurses from a philanthropic hospital. Data collection was conducted by means of semi-structured interviews, during the period of January and February, 2010. For interpretation of the results, content analysis was used. **Results:** The management activities highlighted in the process of nursing work, and that resulted in the direct assistance to the user, have been delegated to other professionals in the team. **Conclusion:** The nurses understand the importance of linking clinical and managerial actions, the latter being seen as complementary to care.

**Keywords:** Nursing care; Perception; Health services administration; Health management; Nurse's role

### RESUMO

**Objetivo:** Identificar a percepção de enfermeiros de um hospital geral sobre as atividades gerenciais na assistência aos usuários. **Métodos:** Estudo de natureza qualitativa, exploratória descritiva. Os sujeitos da pesquisa foram 13 enfermeiros de um hospital filantrópico. A coleta de dados foi realizada por meio de entrevista semiestruturada, no período de janeiro e fevereiro de 2010. No tratamento dos resultados utilizou-se a análise do conteúdo. **Resultados:** As atividades gerenciais sobressaíram no processo de trabalho do enfermeiro e, que decorrente deste fator, a assistência direta ao usuário foi delegada a outros profissionais da equipe. **Conclusão:** Os enfermeiros compreendem a importância de articular as ações assistenciais e gerenciais, sendo estas últimas vistas como complementaridade do cuidado.

**Descritores:** Cuidados de enfermagem; Percepção; Administração de serviços de saúde; Gestão em saúde; Papel do profissional de saúde

### RESUMEN

**Objetivo:** Identificar la percepción de enfermeros de un hospital general sobre las actividades gerenciales en la asistencia a los usuarios. **Métodos:** Se trata de un estudio de naturaleza cualitativa, exploratoria descriptiva. Los sujetos de la investigación fueron 13 enfermeros de un hospital filantrópico. La recolección de los datos fue realizada por medio de entrevista semiestructurada, en el período de enero y febrero del 2010. Para el tratamiento de los resultados se utilizó el análisis de contenido. **Resultados:** Las actividades gerenciales sobresalieron en el proceso de trabajo del enfermero y, que en consecuencia de este factor, la asistencia directa al usuario fue delegada a otros profesionales del equipo. **Conclusión:** Los enfermeros comprenden la importancia de articular las acciones asistenciales y gerenciales, siendo estas últimas vistas como complementariedad del cuidado.

**Descriptor:** Atención de enfermería; Percepción; Administración de los servicios de salud; Gestión en salud; Rol de la enfermera

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## INTRODUCTION

The work of nursing is characterized by Human Caring, and this care is based on science and technology<sup>(1)</sup>. Among the priority activities in the process of nursing work are the activities of care. As nursing care is performed by seeing the human being as a whole dependent on care which, articulated with other actions, constitute systematic actions that facilitate the work of nursing.

Nursing action in hospital institutions demands theoretical and practical knowledge on which to base and enable the development of the activities, since they are characterized by different levels of complexity. In the nursing work space one perceives that the demand of responsibilities transcend care<sup>(1)</sup>; that is to say, management actions comprise the administration of human resources, structuring and organization of the work with the purpose of obtaining adequate conditions of care and work, seeing that providing care is intrinsically tied to administration and education. These attributes of the nurse's responsibility are extremely relevant to the qualification of assistance to users, since the purpose of nursing work is in the care of users<sup>(2)</sup>.

Studies have shown that the concept of management in nursing is strongly tied to the actions of organization, planning, definition of resources and supervision, the latter is characterized by facilitator guidance and coordination of the work environment<sup>(3)</sup>; that is to say, the actions are more conclusive, destined to carrying out certain tasks, and management actions, which include questions of policy, communication and citizenship, are relegated to a secondary plane. They also show weaknesses in the articulation between management, as a form of qualifying assistance, and the dimensions of the work process<sup>(4)</sup>.

On the other hand, one perceives that overload of the nurse's work is one of the factors that limit implementation of the work process with management, assistance and educational articulations. The excessive work load falls on and influences the provision of care, management of the work team, and organization of nursing service as a whole. One needs to say that management actions are not limited to management only, but they are destined to creating conditions to qualify the care. Therefore, in the process of work, it is recommended that there should be interaction between administrative, care and educational actions; in other words, management is designed to make care sustainable, at the same time, care provides feedback to administrative questions and promotes educational actions.

Care is the landmark of the process of nursing work, and the purpose of the management activities developed by nurses is the qualification of caring. However, deficiencies are still observed in the articulation of actions

that constitute the work process, since there is discord and compartmentalization between the demands of caring and management actions<sup>(5)</sup>.

The study is justified by the need to seek to understand the inclusion of nurses and their responsibilities in the process of nursing work, reflect with respect to nursing work; learn about the reality of care of the hospitalized patients in the experience of active nurses and understand how each of the nurse's management actions may qualify the caring provided to users.

Based on the presupposition that there is multiplicity of responsibilities performed in the process of nursing work in hospitals, one observes that management activities occupy a larger portion of the time spent in exercising the profession. This fact limits the nurse's availability to provide direct assistance to the user in a period of work, so that some of the direct caring actions have to be delegated to nursing technicians and assistants. Based on this problem, the following research question arose: What are the implications of management activities for the nursing care provided to users?

Considering this problem, the aim of the present research was to identify the perception of nurses of the management activities involved in care provided to the user.

## METHODS

This research is of an exploratory, descriptive nature, with a qualitative approach, conducted in a medium-sized philanthropic general hospital, of regional reference for cases of medium complexity. The research subjects were nurses working at this institution. The inclusion criteria of the study were established as follows: the professional had worked at the hospital for over 12 months, was scheduled to work in the months of January and February 2010 and perform caring and management activities in the hospitalization units. Of the 23 nurses who worked at the institution, 13 accepted participation in the study, and eight did not fulfill the inclusion criteria. The participants in the research were responsible for the medical clinic units, surgical clinic, emergency room, adult intensive care unit, surgical, maternity, chemotherapy and hemodialysis centers.

Data collection occurred in the above-mentioned months, and was performed by means of audio recorded semi-structured interviews, with the guiding question of the study being: What are the implications of management activities for the nursing care provided to users?

The interviews were held during the three work shifts, at the place and time when the professionals worked, without interfering with the activities and work routine. After transcription, the data obtained were analyzed on the basis of content analysis, defined as "a set of communication analysis techniques that use systematic

and objective procedures for describing the content of messages”<sup>(6)</sup>. It is pointed out that in order to preserve the identity of the interviewees, the letter “E” followed by sequential numbers was used, according to the order in which the interviews took place.

The ethical aspects involved in the research were duly complied with right from the beginning. Thus, the research project was approved by the Research Ethics Committee of the Federal University of Santa Maria, obtaining approval in Report No.0244.0.243.000-09, as foreseen in the National Health Council Resolution No. 196/96<sup>(7)</sup>, to conduct research with human beings. After being informed of the nature and objectives of the research, the nurses who agreed to sign the Term of Free and Informed Consent participated in this study.

## RESULTS

Based on the content analysis of the discourses, five categories emerged: Management activities varied according to the sector; direct caring of the user is frequently delegated to other members of the team; the priority in the work process is caring; team management qualifies the caring; management involves organization and planning. By the cut-off point required in this study the results of the three main categories are presented. This option was taken because these categories tie in with the research objectives.

### Management activities vary according to the sector

One of the nursing management actions is to structure the units with regard to bureaucratic questions, definition of the staff requirements, materials, equipment and processes, as a manner of qualifying caring, these are particularized because of differentiation of the units resulting from their specificities. Therefore, management action varies according to the hospitalization unit, because some require greater attention from management actions and others enable the nurse to provide the user with direct caring.

*“(...) there are units in which it is possible to do it, because there is less demand, the level of demand is lower because they are units with lower complexity,”* (E-1).

*“(...) here in the unit, one could say that the major portion of our work is direct caring of the patient, there is a part of records and such, but it is a lower quantity. Whereas in the maternity sector (...), the largest part of the work is filling out forms,”* (E-9).

The statements expressed the particularities of each unit, and how these interfered internally in the process of organization. Some allowed the nurse to care for the patient in a longer time within the work routine; others demanded greater dedication to administrative aspects, in which the complexity of the sector became an important factor in management actions, as understood by the interviewees.

*“(...) management of the surgical center, is going to determine whether or not (the patient’s) treatment progresses (...) there is sufficient material to perform the procedure, one has the necessary personnel (...), considering nursing personnel, anesthetist (...) and here management is also included, starting with the Material Sterilization Center, (...) the quantity of material that is necessary (...) as well as management of recovery in which the three sectors become one sector, (...) management of whether or not there will be vacancies or time of recovery, and how this patient is going to get there.”* (E-2).

Particularly in a surgical center, management requires differentiated action from the nurse, by reason of the forms of organization, structuring and definition of the processes in this center being primordial in the qualification of caring for the users. Planning for caring in differentiated units, such as the surgical and chemotherapy centers, does not overlap with regard to the other sectors because of their importance; nevertheless, these need to be planned based on their specificities and complexities.

*“More so in management. Because here (chemotherapy) is a differentiated place, the medications are expensive, therefore we have a very great responsibility, both with medications and billing within the hospital, our ceiling is very high”* (E- 8).

One perceives that the management activities prevail over the caring activities in some hospitalization units. The nurse, in addition to commitment to the user, also assumes commitment to the institution. Therefore, one perceives that the focus of work is not only the user, but also the institution’s interests. Nursing management in chemotherapy units starts with the projection of the qualification of caring for users, and the other actions are compromised by this principle.

### Direct caring for the user is frequently delegated to members of the team

Because of the demand of charges, direct caring for the using is frequently delegated to other professionals and the nurse is not always present in the care relationships. In this process, the nurse ends up delegating some of the tasks to other members of the team. The following reports confirm this:

*“(...) I mostly stay in management than in caring for the patient, obviously in caring the girls and nursing technicians provide the necessary caring and talk to me when they need to.”* (E-8).

The variety of the activities that need to be performed by the nurse to ensure that the unit is well run, ends up reducing the caring time. This fact results in users not being fully cared for, in which the emotional side, the users’ conversations of unburdening themselves go unnoticed by the nurse, who frequently knows the importance of being close to users, but because of the accumulation of work, caring may be shown to be vulnerable and fragmented.

*"(...) one is not there at a time when they perhaps need to talk to one, (...) I don't say technical care, because one provides technical care because it is prescribed, needs to be done, (...), but the emotional part, psychological, I think, is harmed (...), the flow is great, high demand for surgeries, of patients," (E-11).*

The primordial action of nursing is caring for users, although one observes the centrality on management actions. Management is not limited to management itself, it is destined for the qualification of caring; better said, one thinks of and projects management action as way of making it feasible to provide caring. The challenge presented in the work process is to break with the administrative/care dichotomy, and rather administrate while caring and care while administrating.

The nurse's difficulty in fully caring for the user, raises the issue of rethinking the question of humanization, as it is an integral part of qualified caring. It is pointed out that performing procedures, providing medications and materials are important conditions for good caring, but they need to be articulated to caring that respects the physical and emotional characteristics of the user, making caring human and not only mechanistic.

Thus, performing the tasks of management and caring, in such a manner that the nurse's actions in these competences are not delegated or reduced, was one of the difficulties exposed by the nurses. Some of them said how important it would be to have one nurse to manage the activities and another to organize caring in a manner that would contribute to the work process, diminish the demand of activities, increase the time to organize the actions better, and provide the user with better caring.

*"(...) think of the possibility of the management nurse who has her attention focused on this, although the nurse is prepared for the two things, (...) now, in these cases, in emergency-caring, the surgical block, ICUs in which there is great demand, it is sometimes necessary to have a nurse with specific activities. " (E-1)*

The availability of one caring and another management nurse would facilitate the organization of nursing activities, increase the time dedicated to caring or other specific activities and diminish the overload of responsibilities.

*"(...) if there were an administrative nurse in the morning, and another caring nurse it would make things easier. The administrative nurse could ask a series of questions, starting with the staff schedule; admission of the employee; evaluation of the employee; monthly, or 3-monthly, 6-monthly or one year follow-up of the employee to see the development of this employee and draw up a program of continued education specifically for the sector. The caring nurse could do the planning of caring to systematize caring as a whole, (...)" (E-13)*

Although caring and management actions are designed, they need to be developed in an articulated manner. In the reality experienced, the nurse's work process is composed of two dimensions: Caring action and management action.

In caring action, the object of intervention refers to caring for the team and users. Whereas in management action, one has organization of the work and human resources, the purpose of which is to create adequate conditions for the implementation of caring.

The dissension between caring and management action may lead to generating conflicts and could compromise the qualification of caring. Specifically, with reference to the respondent's affirmation, the question is not only sharing the management and caring actions, but promoting actions that could articulate the precepts of management and caring.

*"(...) when we are together (management nurse and caring nurse), I am able to do the two things, it is something simultaneous, not that one has one thing to do and the other has another, so we work in conjunction with the entire team as well". (E-2)*

When there are nurses with specific activities in one and the same care unit, the challenge is to work in an articulated manner, breaking with the linearity and concept of work on tasks. Reflect on and design the work process based on the whole, in the context in which it is included, in view of the economic and financial policy represents one of the ways of qualifying caring for users and rescinding issues such as conformism and alienation.

### **The priority in the process of work and caring**

Although management actions prevail in some of the nurse's fields of action, nursing care is the priority in the work process, and this response is evident among all the interviewees.

*"(...) so, as there are many emergencies, (...) first, comes caring, afterwards I sit down, go and see what was used, organize, perform routines, (...), (E-3).*

*"(...) the first thing is to prioritize planning of the dynamics of caring work (...) it doesn't help to do a lot of things and set quality aside, so, the few things one does, one does with quality, (E-1).*

The perception of prioritizing caring for the users is also found in the management process, in which the nurses interviewed perceived the importance of management to caring. By virtue thereof, they recognize that caring and management must be concomitant actions in which one supports the other.

*"(...) everything has to be planned, there is no way to dissociate caring from management, one has to plan these management things, so that you achieve all the input to provide caring, (...), (E-1).*

The statements showed that the management activities are planned and performed with the purpose of assuring the quality of caring provided. Management is an activity that cannot be delegated, and it is by means of this process that the nurse is able to provide caring for the user.

*"(...) management has to be carried out based on the user's needs. (...) not having a good management, will distance the nurse even further from the user (E-2).*

The professionals participating in the research perceived how management is directly connected with caring, they manage so that the caring actions will be efficient and maintain the desired quality, making the work more human and centered on the main goal, provide the user with caring in a qualified manner.

## DISCUSSION

The view taken of the nursing work process needs to penetrate the scenario in which the professional is included. The size of the institution, hospital bed capacity and complexity of the services provided change the actions in the different places. Therefore, it is not possible to organize all the services in an equal manner. It is necessary to respect the reality of each institution, and even that of one hospital unit and another, organizing the services in accordance with the specific needs<sup>(8)</sup>.

Hospital institutions have adhered to a new, more flexible organizational culture, based on cost reduction and quality control. Thus, nursing has also undergone changes in its process, altering the nurse's profile, and the work market has begun to demand professionals who are critical, reflective leaders, with the confidence to make decisions<sup>(9)</sup>. Due to the new demands, caring is often relegated to a secondary plane in the work process, because this professional also needs to have knowledge of the costs of materials and equipment capable of meeting the requirements and be in accordance with the reality of the institution, maintaining the balance between quality and quantity<sup>(10,11)</sup>.

Withdrawal of caring from the user and from care is one of the consequences of the broad variety of activities that are the nurse's responsibility, the majority of these being predominantly managerial, whether in organization of the unit, allocation of human and material resources or in the implementation of caring. Planning of caring, supervision and guidance of the team from the perspective of follow-up and permanent education, is not always completely developed. In view of this it was verified that withdrawal of the nurse from the actions of direct caring of the client has consequently brought about a lack of recognition of his/her work by the clientele, and the health team itself<sup>(12,13)</sup>.

However, in reality the obstacle experienced by nurses when integrating caring into the day-to-day management activities emerges. In many situations in the practice of caring, nursing technicians or nursing assistants are the spokespersons of the needs of users and provide subsidies for decision-making by the nurse. It is recommended that these actions should occur in the inverse manner; that is to say, the nurse knows the

users' needs and based on this precept, complemented by interaction among the other members of the nursing team, in which the nurse plans, implements and follows up the execution of the caring plan. For this purpose it is fundamental to recognize caring as the possible and necessary focus to be managed within institutions, in a dimension that extrapolates technicism and incorporates knowledge and attitudes of a rational order and of the sphere of sensitivity<sup>(14)</sup>.

Thus, the nurse's professional management practice needs to be tied to caring for users. In addition to involving bureaucratic questions and the expectations of the hospital organization, the exercise of management resides in the management of nursing care, since the entire administrative service is fundamentally interdependent, which means complementariness and inter-relationship of the actions in the work process. Therefore, the nurse needs to transcend the mere function of executor of tasks dictated by rules, assume self-determination of his/her functions and adjust principles and administrative solutions to the specific problems of his/her area<sup>(15)</sup>.

In view of this, one understands that the transformations in management practices are important, nevertheless, they need to be directed towards the subjects, whether they are workers or users, because one of the premises of qualification of caring for users is in taking care of the care-giver. Therefore, changes are urged in the manner of conceiving, planning and execution, and in conducting the managerial models that are in agreement with humanized attitudes and quality<sup>(13)</sup>.

Management focused on care is intended to be the foundation of humanized practice. Breaking the dichotomy existent between management and caring provides more human care enabling new technologies to be created administration centered on caring and quality. Thus management is not something isolated, as it is performed by the nurse as a social subject, and it is necessary to explore the divergences between the human being and the exercise of management, fundamental for a daily reflective and interactive practice, having care at the central point of the administrative function<sup>(14)</sup>.

## CONCLUSION

The research showed that the nursing work process is implemented in a differentiated manner, according to the scenario in which the nurse is included. Based on the reports it could be concluded that some hospitalization units allow the nurse to provide direct caring for the user, and other demand more management activities, due to the demand and specific characteristic of each sector.

However, the management activities performed by the nurse have been outstanding in the nursing work process. In addition to commitment to caring for the user, the nurse is committed to the institution he/she works for, needs to be fully informed about the economic-financial questions of the unit and of the institution. The active nurses who participated in the research revealed that the management activities distance them from providing the user with direct caring. Direct caring is frequently delegated to professionals in the team due to overload of functions

However, although management activities predominate in the hospital routine, caring activities are prioritized; first, all caring is provided, the users' needs and care are identified, and afterwards organization of this process and the bureaucratic aspects involved in it is done.

In view thereof, in the nurses' perception, the recommended ideal would be the presence of one management nurse and another caring nurse to meet the demand of activities. Thus, the activities and complementariness of the actions would result in interaction between the two nurses. This would facilitate and contribute to the nurse responsible for caring

developing actions to improve caring and be with the user more directly. However, it should be pointed out that this division of tasks could only occur if the nurses work in conjunction with one another, one guiding and the other in activities, because the management and caring action are intrinsically articulated, therefore they are actions that must be performed in an integrated manner.

In the researched reality, it was verified that management activities are seen as being complementary to caring, and management is used as a means of qualifying caring. The nurses understood the importance of articulating the two actions – caring and management and perceived that although they are interdependent, the need to be developed in conjunction in order to have a dynamic work process that assures the qualification of the services provided. Therefore, the effectiveness of the work process in nursing management is also tied to organization of the unit, planning of activities, care of providing all the material and equipment necessary for performing caring, in addition to education of the nursing team are thought of with the purpose of qualifying caring and the services provided to the user.

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