

Understanding nursing governance practice in a obstetric center

Compreendendo a governança da prática de enfermagem em um centro obstétrico

Percibiendo la gobernanza de la práctica de enfermería en un centro de obstetricia

Fernanda Hannah da Silva Copelli¹

Roberta Juliane Tono de Oliveira¹

Alacoque Lorenzini Erdmann¹

Vitória Regina Petters Gregório¹

Aline Lima Pestana¹

José Luís Guedes dos Santos¹

1. Universidade Federal de Santa Catarina.
Florianópolis - SC, Brazil.

ABSTRACT

Objective: To understand the meanings of governance of nurses on nursing practice in an obstetric center and build an explanatory model. **Methods:** A qualitative study used as its methodological Grounded Theory. The data were collected through semi-structured interviews with 27 health professionals from the maternity of a university hospital in southern Brazil, divided into four sample groups. **Results:** The explanatory model consisted of 10 categories and enabled the construction of the phenomenon: "Emerging governance from the professional nursing practice anchored in the exercise of control over the environment of care and obstetric center in the field of scientific knowledge and professional experience. **Conclusion:** Governance is an expertise developed by nurses through the procedural knowledge acquired through professional experience, aiming to overcome barriers to organizational and relational for the domain of environmental care.

Keywords: Management; Obstetric nursing; Nursing Care; Nursing Service, Hospital.

RESUMO

Objetivo: Compreender os significados da governança dos enfermeiros sobre a prática de enfermagem em um centro obstétrico e construir um modelo explicativo. **Métodos:** Pesquisa qualitativa que utilizou como referencial metodológico a Teoria Fundamentada nos Dados. A coleta de dados ocorreu por meio de entrevistas semiestruturadas com 27 profissionais de saúde dos setores da maternidade em um Hospital Universitário do sul do Brasil, divididos em quatro grupos amostrais. **Resultados:** O modelo explicativo foi constituído por 10 categorias e possibilitou a construção do fenômeno: "Emergindo a governança a partir da prática profissional do enfermeiro ancorada no exercício do controle sobre o ambiente de cuidado do Centro Obstétrico e no domínio do conhecimento científico e experiência profissional". **Conclusão:** A governança é uma expertise desenvolvida pelos enfermeiros por meio do conhecimento processual adquirido ao longo da experiência profissional, visando superar os entraves organizacionais e relacionais para o domínio do ambiente de cuidado.

Palavras-chave: Gerência; Enfermagem obstétrica; Cuidados de Enfermagem; Serviço Hospitalar de Enfermagem.

RESUMEN

Objetivo: Comprender el significado de la gobernanza de los enfermeros sobre la práctica de enfermería en un centro obstétrico y construir un modelo explicativo. **Métodos:** Estudio cualitativo que utilizó como referencial la Teoría Fundamentada en los Datos, recolectados a través de entrevistas semiestructuradas con 27 profesionales de salud de la maternidad de un hospital universitario en el Sur de Brasil, divididos en cuatro grupos de muestras. **Resultados:** El modelo explicativo consistió en 10 categorías y permitió la construcción del fenómeno: "Emergiendo la gobernanza a partir de la práctica profesional del enfermero basada en el ejercicio de control sobre el ambiente de cuidado del Centro Obstétrico y en el dominio del conocimiento científico y de la experiencia profesional". **Conclusión:** La gobernanza es una especialidad desarrollada por los enfermeros a través del conocimiento procesal adquiridos mediante la experiencia profesional, visando superar barreras organizacionales y relacionales para el dominio del ambiente de cuidado.

Palabras-clave: Gerencia; Enfermería obstétrica; Atención de Enfermería; Servicio de Enfermería en Hospital.

Corresponding author:

Fernanda Hannah da Silva Copelli.
E-mail: fernandacopelli@hotmail.com

Submitted on 06/26/2014.

Accepted on 03/18/2015.

DOI: 10.5935/1414-8145.20150031

INTRODUCTION

Governance is the process of directing, guiding and regulating individuals, organizations or nations in their behaviors or actions towards a common well-being. This is a frequent concept in studies of several academic areas, especially in discussions linked to management, organizational management and development and implementation of public policies. It has been related to the terms: standards, direction, order, control, corporate governance, authority, autonomy and decision-making^{1,2}.

In Nursing, the term governance began to be used around 1980 in the United States, to support the development of participatory management models^{3,4}. In this sense, it is noteworthy that the genesis of administrative knowledge is related to the advent of the Modern Nursing in the nineteenth century, from the technical and social division of labor established by Florence Nightingale and the principles of control, discipline and rationalization of work⁵. However, there is more space in the contemporary hospital organizational complexity to management models based on rigid and vertical structures. Therefore, the construction of new models lined in flexible management are necessary, sharing decisions and care management^{5,6}.

In this context, governance is related to the power of decision and the factors that affect the control of nurses on the professional practice³. Among the governance models in nursing broadcast internationally, the shared governance is highlighted. The principles guiding this model are partnership, equity, accountability and control over professional practice. The adoption of shared governance for the nursing management has promoted greater job satisfaction among nurses and improve the quality of care provided in hospitals⁴. Based on the positive results from its implementation in other countries, it is believed that the concept of governance represents a possibility to be explored in the construction of new management practices promoted and encouraged by nursing administration researchers in different scenarios of professional practice³. In Brazil, the shared governance model is not yet widespread. However, considering the positive results from its implementation in other countries.

Among the hospital care unit, there is the Obstetric Centre (OC) due to the recent and ongoing discussions about the expansion of obstetrics activities⁷. In addition, public policies and technical guidelines that direct nursing care in the care of woman and the newborn are important to the role of the nurse as a professional promoter of humanized and comprehensiveness care⁸. Thus, the OC is considered a favorable field for the discussion of governance that nurses have on the practice of nursing care.

It is necessary to highlight that in Brazil as the shared governance model is not yet widespread, this study does not answer specifically to this model but to the broader concepts

of governance term related to nursing practice and even the meanings attributed by nurses who develop this practice under an OC. Thus, the question is: What are the meanings attributed by nurses to the governance of nursing practice in an OC? This establishes the objective as: to understand the meanings of governance of nurses on nursing practice in an OC, and build an explanatory model about this phenomenon.

METHOD

This is a qualitative study following the methodological reference of Grounded Theory of Data⁹. The scenario was the OC of a University Hospital (UH) in southern Brazil.

The participants were selected through sampling theory⁹, composed by four sample groups (SG). The first SG (E1-E8) was formed by eight OC nurses. The second SG (E9-E15) for seven nurses, two from the rooming-in and five of Obstetric/Gynecology Screening. The third SG (E16-21) were health team members and two resident physicians in obstetrics, three technicians and a nursing assistant and the fourth SG (E21-27) were seven UH managers nurses.

Theoretical sampling was defined to explore relevant aspects mentioned by the first SG nurses in relation to other professionals related areas, health team with nurses who most often they were related and managers that gave support to the governance of nurses in OC. In this sense, the inclusion of other participants was aimed to assist in understanding the governance of nursing practice phenomenon, from the perspective of nurses and of their relationships established in the context of the study, according to TFD method. To integrate this research, participants should have minimum experience of three months in the area as it considered this a minimum time to gain knowledge about the work environment and to contribute better to the research.

The size of the theoretical sample was determined by theoretical saturation of data⁹, achieved with 27 participants divided into four sample groups mentioned above. Data collection was conducted through semi-structured individual interviews, recorded in digital media, at their work or at any room chosen by the participants from January to May 2013. The interviews lasted an average of 50 minutes and were transcribed in full.

The data collection and analysis occurred simultaneously, through open, axial and selective coding and analytical comparative method⁹. In open coding, each statement of respondents was separated, examined, compared and conceptualized line by line, turning into a code, grouped by similarities and differences into subcategories. In axial coding, the data were again grouped by similarity, forming categories. The selective coding was the search and development of the phenomenon, where all other categories were located. To organize and relate

categories a paradigmatic model was used, composed of context, causal conditions, intervening conditions, strategies and consequences⁹.

The ethical aspects were respected according to Resolution number 196/96 and 466/12 of the National Board of Health and the study was approved by the Research Ethics Committee (report number: 242.944/2013). Anonymity was ensured by the letter "E" followed by the ordinal number of each interview.

RESULTS

From the review process, there was the phenomenon "Emerging governance from the professional practice of nurses anchored in the exercise of control over the OC care environment and in the area of scientific knowledge and professional experience" composed of ten categories, organized in the five components of paradigmatic model, as shown in Figure 1.

Next, there are the categories according to each of the components of the paradigmatic model.

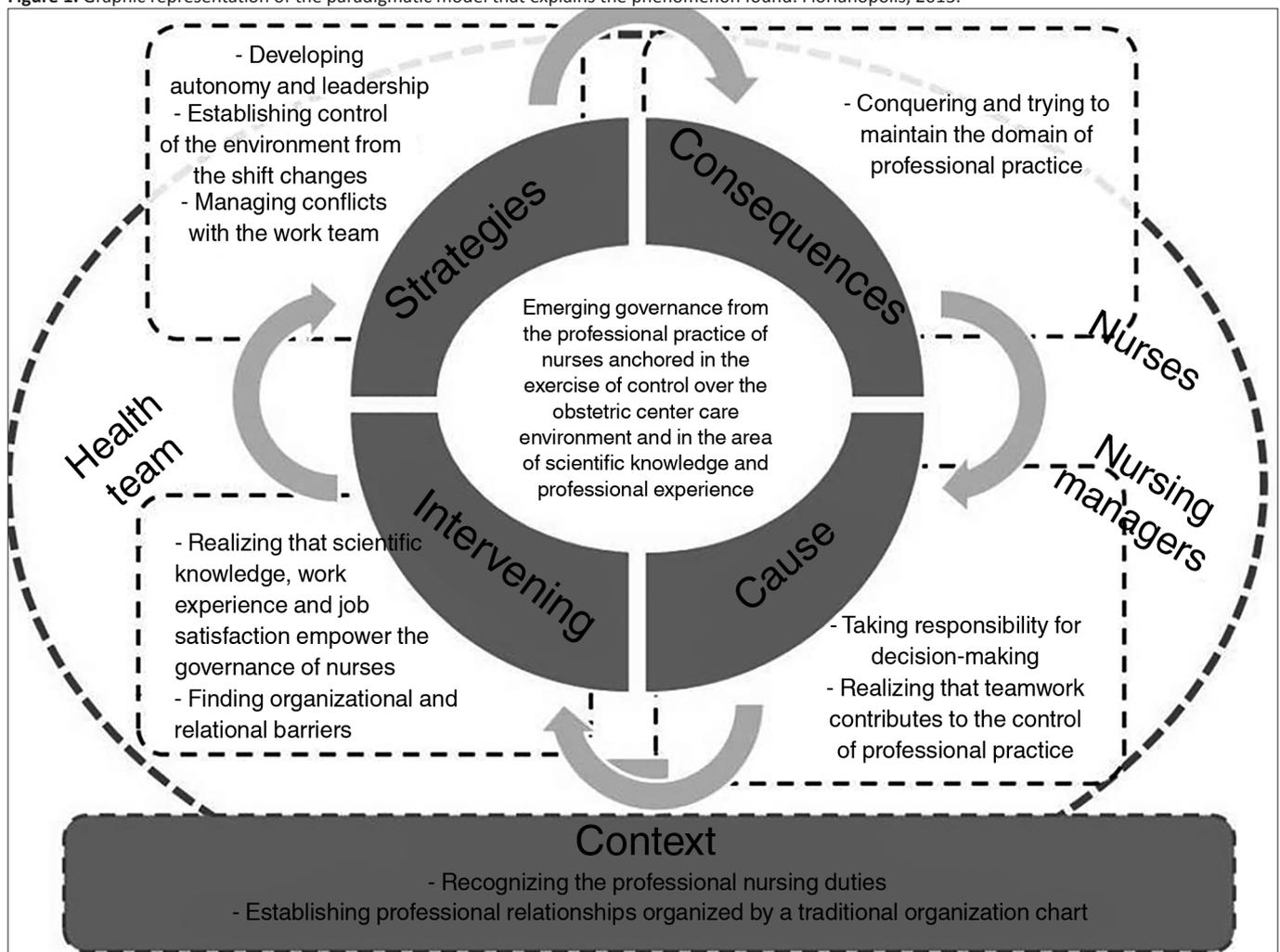
Context

Recognizing the professional nursing duties

The realization of care and management activities are the main duties of nurses in OC. Among the care activities of nurses, there is the realization of care to the mother during labor, delivery and postpartum. As for management activities, there are supervisory actions of the nursing staff, provision and forecasting capabilities needed for carrying out care, workplace organization and the dimensioning of nursing staff. Although the activities are integrated, the nurse manager has ethical and legal responsibility higher on the care environment and the nursing team actions:

As an assistant nurse, the responsibilities are to plan assistance during labor, delivery and the immediate postpartum period and everything that involves these steps [...] the responsibilities of leadership is to observe what

Figure 1. Graphic representation of the paradigmatic model that explains the phenomenon found. Florianópolis, 2013.



is being done, how is being done, the way professionals are putting together the patient (E5).

Establishing professional relationships organized by a traditional organization chart

In professional relationships established in the OC work context, respect is prevailing and the search for a good interpersonal communication. However, such relationships appear to be in a hierarchical organizational structure. Implicitly nursing technicians recognize the need for reporting to nurses before complications, questions or when something must be communicated to physicians.

I feel that there here in the UH there is many hierarchy [...] because it has that thing "you cannot talk to the doctor, you have to talk to the nurse", so she goes to talk to the doctor (E19). I try to respect each nurse, I know there is a hierarchy and that if I need any assistance will be to nurse most of the time that I'll look for. (E21).

Making decisions collectively reflects the good interpersonal communication. Nurses mentioned to involve the nursing staff in decision-making, giving them autonomy and freedom as the professional competence and demonstrated ability to develop their activities.

Decisions, including priority are taken together, within an autonomy. They (nursing techniques) know they can have autonomy and they have autonomy within their competence (E13).

Causal conditions

Taking responsibility for decision-making

In this category, the statements indicate that the professional experience gives greater security to nurses for decision-making, both in relation to the patient, the healthcare team. In addition, sharing and involvement of staff in decision-making was also relevant in the context of this study.

I know by my experience in similar past cases and make sure that my team will be on my side because I make the decision and I depend on others to perform the actions, so I want them to develop this team spirit (E8).

Realizing that teamwork contributes to the control of professional practice

Considering that teamwork is inherent in nursing, the second causal condition shows that interpersonal relations between the members of the multidisciplinary team favors the development of

the governance of nurses, since relationship of trust and mutual aid in the environment work are established, contributing to greater job satisfaction with work and quality of care provided. For teamwork occurring cohesively, it is necessary that professionals are prepared to act competently:

Having a cohesive team that works together, people you trust to work with helps a lot, it is important because when the thing is too complicated they end up taking with you [...] (E3).

Intervening conditions

Realizing that scientific knowledge, work experience and job satisfaction empower the governance of nurses

This first intervening condition corresponds to facilitating aspects of the governance of professional practice by nurses, which are: scientific knowledge, work experience and job satisfaction.

I think that knowledge contributes to the governance, even in UH, I think [...] (E11). [...] It is a place that I love to work, work with birth is wonderful [...] (E2). I go out from here always glad that I did what I could [...] (E7).

Facing organizational and relational barriers

Difficulty in interpersonal relationships, work overload and lack of training for neonatal care were the aspects cited as organizational and relational barriers. The conflict results in an unfavorable climate that lies both on the way care is delivered for proper functioning of the maternity in an integrated way. These barriers affect the control that nurses have on the unit.

[...] Sometimes happen some conflicts, there were cases of other nurses trying to solve based on the dialogue, conversation and cannot get it and have to take that case to direction or division heads to solve it [...] (E9). With respect to governance, something that makes it very difficult is the relationship with other sectors, the difficulty of no relationships [...] (E1).

Work overload due to the increased demand for care and the insufficient number of professionals in the unit also limits the governance of nurses. Thus, in reports mentions there are physical stress, discouragement and personal dissatisfaction with the care provided.

[...] I am aware of everything that is happening, but with the increased flow of patients we loss control, only do the service in a mechanic way [...] our range is overload and

it would not be my option to work so much [...] (E2). Many times, there is a very high wear, especially emotional [...] discouraging most people [...] (E18).

The lack of training and even knowledge about neonatal care by OC nurses and health staff is characterized as a weakness, which limits the governance of nurses.

I cannot answer a baby born with 500 grams [...] I cannot afford it, while a baby nurse, I had no specific training [...] (E3).

Strategies

Developing autonomy and leadership

The autonomy of nurses in the care process provides power to articulate with other health professionals, professional development and greater commitment to patients. In this sense, the health team recognizes the autonomy of nurses in the unit, especially when they are the team leaders.

I think they (nurses) have autonomy, especially when they are imposed [...] (E16). I think every nurse is a leader and has to be a leader for the work function [...] I think that is part of the profession. The nurse who does not understand that the first function that we have is to lead it will have great difficulty in the progress of work (E6).

Establishing control of the environment from the shift changes

Through the exchange of duty and book notes of complications, nurses have demonstrated knowledge about unity, which allowed the organizing care and rank priorities, and meet the clinical conditions of each patient. In this sense, the nursing visit, besides creating link between professional and patient, it enables control over professional practice.

[...] I check the shift changes book reading the book, I see what happened [...] but the first step is to look past complications to know everything that happened (E4). [...] From the moment I am on duty, I make a plan of how I will act, and what the priorities are (E11).

Nurses are keen to perform their duties and to be present at all times of the care process, even in the absence of employees. Thus, they demonstrate commitment to quality of care performed in the unit.

[...] I am not scaled in any location, but in all locations. It may not have cesarean, or birth but may have a patient

who needs a more specialized care and I will not give up, I do not delegate what I consider my specialty and assignment (E6).

Managing conflicts with the work team

Another strategy for achieving governance is the management of conflicts, through the involvement and participation of all the staff.

I do not see like this: "ah I am the team leader and as head only I have no opinion." No! Everyone has an opinion and sometimes, when there is a conflict I call all to give opinion and help me (E6). Where there are several employees, there will be always differences, difficulties, then we try to negotiate with the team [...] (E9). I always seek to meet and chat with the team, when there is a bigger problem [...] (E24).

Consequences

Conquering and trying to maintain the domain of professional practice

The significance and the foundation of governance by scientific knowledge and professional experience were two relevant research findings. It is noticed that in general, nurses understand that their years of study and professional practice time confer greater governance. This can be said because most nurses reported having acquired greater governance over the years of experience and acting in OC.

Many nurses have been here for 19 years [...] have many time of practice. I did Masters here, doctorate, I was a teacher for a long time at the undergraduate and graduate course, studied a lot obstetrics (E3). Of course, with time, you will feel safer [...] (E25).

In several reports, nurses used the term control, management and administration to mean governance. The autonomy and interpersonal relationships were cited as necessary for the exercise of governance.

Governance for me is autonomy, team supervision, leadership (E10). It means my day to day, how to act, the relationships established. The organization that takes place on the day when I speak daily is anything that involves our work [...]. To the pursuit of knowledge (E11).

In this way, it is noticed that the area of professional practice is often compromised by overwork in the unit, generating feelings of helplessness, sadness and frustration. Also, there is the lack

of direct participation of managers in the area, generating discouragement, anxiety and even anger among nurses.

[...] I feel sad and upset [...] at times I feel abandoned [...] it happens a lot: chaos and control. Sometimes we try to only have control even when we finish the duty [...] but it is bad for us because it seems that we worked, but did nothing, this is very frustrating for nurses (E3).

Lack of governance is perceived when the autonomy becomes impaired and has limited access to decisions taken by the leadership of UH.

[...] I think there is still that old vertical model decision because I do not feel I have access decisions. Of course, some things are discussed, the leadership asks our opinion, but I do not feel so included in this operative issue (E15).

DISCUSSION

The results indicate that the care and the management are the main dimensions of nursing work in the OC context. In the search for joint these two dimensions and exercise governance on professional practice, nurses are constantly developing relationships and interactions with the work team. However, such relationships are shown often compromised by the hierarchical organization of the institution. Similar results are described in studies carried out in the hospital, which shows the influence of the principles of rational and bureaucratic division of labor in health and nursing^{5,10}.

However, nurses search to be involved in the nursing staff in decision-making. Similarly, previous studies have also elucidated that although the proposals of the work team in the speech are important, they are not always implemented in practice^{7,11}.

In this sense, the nursing technicians reported having autonomy in developing their work in OC, but this autonomy is restricted to the performance of assistance activities already under the law of professional nursing practice in Brazil. When they were asked about the decision-making processes, they noticed they were in the discussions, characterizing an autonomy guided only in the operation of care and no involvement in decisions about the progress of the unit.

Therefore, it is noteworthy that one of the assumptions in nursing governance is the insertion of professionals involved in the decision-making. The sharing and collective participation in decision making enables a greater commitment of the team with the best care results^{12,13}. As a strategy to increase the level of participation of the nursing staff in decision making, a US study shows for example, the self-scheduling, allowing the employee to propose their own scale, giving them self-management and

greater job satisfaction¹³. In OC, this strategy could be applied if they do not prevent the realization of the proposal, such as the lack of professionals.

As facilitating factors that intervene on OC governance, nurses highlighted that scientific knowledge and professional experience generate a sense of security and facilitate decision making. Similar results are described in a study, showing the close relationship between work experience and acting correctly and safely. In this case, the professional experience facilitates the management of decision processes, because it contributes to the empowerment of nurses¹³. A research in order to identify and analyze strategies to promote patient safety also found that tacit knowledge, experience and skills have a strong influence on decision-making for the planning of nursing care management¹⁴.

Another facilitator of governance is the perception of job satisfaction. Pleasure at work affects the development of the potential and creativity of nurses as well as the creation of cognitive-technical ties. This becomes aware the nurses about their role in the institution and employee job satisfaction¹⁵.

As one of the hindering aspects of governance, there was the conflicting interpersonal relationship between the maternity nurses. An US research showed that the governance of nurses is directly related to the skills and abilities of nurses in conflict resolution and negotiating power¹³.

The relationship between governance and conflict management justifies the fact that this practice has been mentioned as a strategy for achieving governance as part of the nursing management process. The conflict management is a recurrent finding in other studies, which point out that the mediation of tensions between the work team is one of the competencies expected of nurses seeking a better patient care in the hospital environment^{12,13}.

As result of the phenomenon found, the nurses governance is related to the control of professional practice, which corroborates the findings of studies that project governance of the nurse as the control of professional nursing practice^{12,16}.

This control on professional practice is involved by the function in workload on the increased demand for care and the lack of professionals, identified as an obstacle to governance. The work overload among workers generates personal collections, physical exhaustion and makes believe they are performing a lower quality work than they could, factors causing suffering and job dissatisfaction^{15,17}. It is up to the health institutions provide better working conditions and infrastructure for nurses to overcome the present challenges in their professional context in search of governance of professional practice.

FINAL CONSIDERATIONS

The study allowed to understand the meanings attributed by nurses to the governance of nursing practice in OC of a UH, from the creation of the phenomenon.

The governance appears as an expertise developed by nurses through procedural knowledge acquired throughout the professional performance, aiming to overcome organizational and relational barriers to care environment domain. Thus, the control comes from professional practice and is supported by teamwork, leadership development and autonomy, and management of conflicts.

This study was restricted to a single OC context, limiting the generalizability of the results. Another limitation was the scarce of Brazilian literature on nursing governance, which made it difficult to make comparisons with other work contexts. Thus, it is suggested that further studies be conducted on the subject in other professional activities of nurses' scenarios.

REFERENCES

- Hughes O. "Does Governance Exist?" In *The New Public Governance? Emerging Perspectives on the Theory and Practice of Public Governance*. London: Routledge. 2010; 87-104p.
- Robichau, RW. The mosaic of governance: creating a picture with definitions, theories, and debates. *The Policy Studies Journal*. 2011;39(S1):113-31.
- Erdmann AL, Santos JLG. Gestão em enfermagem e cultura da excelência no processo de cuidar. *PROENF Gestão*. 2012;2(1):69-98.
- Barden AM, Griffin MTQ, Donahue M, Fitzpatrick JJ. Shared governance and empowerment in registered nurses working in a Hospital Setting. *Nurs Adm Q*. 2011;35(3):212-8.
- Bernardes A, Cecilio LCO, Évora YDM, Gabriel CS, Carvalho MB. Collective and decentralized management model in public hospitals: perspective of the nursing team. *Rev. Latino-Am Enfermagem*. 2011;19(4):1003-10.
- Hausmann M, Peduzzi M. Articulação entre as dimensões gerencial e assistencial do processo de trabalho do enfermeiro. *Texto & contexto enferm*. 2009;18(2):258-65.
- Gregorio VRP, Padilha MI. As estratégias do poder no contexto da maternidade Carmela Dutra: Florianópolis-SC (1956-1986). *Texto & contexto enferm*. 2012;21(2):277-85.
- Aquino PS, Rogerio RF, Silva SF, Pinheiro AKB, Damasceno AKC. Análise da produção científica sobre enfermagem obstétrica na base de dados scielo. *Rev Rene*. 2011; 12(1):198-205.
- Strauss A, Corbin J. *Pesquisa Qualitativa: Técnicas e Procedimentos para o Desenvolvimento da Teoria Fundamentada*. 2ª ed. Porto Alegre: Artmed; 2008.
- Santos JLG, Prochnow AG, Lima SBS, Leite JL, Erdmann AL. Communication conceptions in Hospital Nursing Management between head nurses in a University Hospital. *Rev. Esc. Enferm. USP*. 2011;45(4):959-65.
- Furukawa PO, Cunha ICKO. Profile and competencies of nurse managers at accredited hospitals. *Rev. Latino-Am Enfermagem* 2011;19(1):106-14.
- Overcash J, Petty LJ, Brown S. Perceptions of shared governance among nurses at Midwestern Hospital. *Nurs Adm Q*. 2012;35(4):1-11.
- Scherb CA, Specht JKP, Loes JL, Reed D. Decisional involvement: staff nurse and nurse manager perceptions. *West J Nurs Res*. 2011; 33(2):161-79.
- Oliveira RM, Leitão IMTA, Silva LMS, Figueiredo SV, Sampaio RL, Gondim MM. Estratégias para promover segurança do paciente: da identificação dos riscos às práticas baseadas em evidências. *Esc Anna Nery*. 2014;18(1):122-9.
- Santos JLG, Prochnow AG, Silva DC, Silva RM, Leite JL, Erdmann AL. Prazer e sofrimento no exercício gerencial do enfermeiro no contexto hospitalar. *Esc Anna Nery*. 2013;17(1):97-103.
- Hess RG, Swihart D. Shared Governance: what it can mean for nurses. *Nursing Spectrum (New York/New Jersey Metro)*. 2013 Jan;25(1):38-43.
- Panunto MR, Guirardello EB. Professional nursing practice: environment and emotional exhaustion among intensive care nurses. *Rev. Latino-Am Enfermagem*. 2013;21(3):765-72.