

The Managerial work Process: Understanding of Nurses at a Hospital

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ABSTRACT: Objective: This study aimed at understanding the meaning of the managerial process and of the essential elements for decision-making in nursing to nurses at a state hospital in São Paulo state, Brazil. **Method:** Phenomenology was used as methodological approach. The participants were twenty-two nurses interviewed between January 2011 to September 2011. Transcription and readings were performed for statement analysis, aiming at observing the essence of units, expression of meanings by means of the matization and interpretation of statements and synthesis of the phenomenon. **Findings:** The themes unveiled were: The managerial process and ethical-political dimension and the managerial process and decision-making. The managerial process and ethical-political dimension involves awareness about the role of the leader and the responsibility attached to team leadership. The managerial process and decision-making showed the nurses' understanding of the meaning of the managerial process and making decisions as a complex process. **Conclusion:** The themes contribute to the effective practice of management and insurance of the care-provision process by emphasizing competence and leadership in promoting structural and psychological empowerment and a coherent and knowledge-based decision-making process.

Keywords: Leadership, Professional practice management, Qualitative research

I. INTRODUCTION

In health organizations, nursing service management is a complex activity that requires particular competences for nurses to play their roles and assume their responsibilities in daily professional practice.

Management, considered as one of the dimensions of the nursing work process, is a unique nursing task rooted in the historical constitution of the nursing workforce, characterized by the technical and social division of work. Whether because of the advantages gained through a higher ranking in this hierarchical chain or the split provoked between management and clinical practice, nursing management continues as such, reinforcing nurses' status quo and their legal responsibility towards the nursing team^[1].

Management is an instrument in the care process and, as part of the nursing work process, comprises particularities that can be broken down into specific elements^[2].

In the nursing work process, the care agents and resources employed in nursing care serve as the object, while the agents are the human beings who transform this work by intervening in the object and who are able to produce a service or product. The ideological and theoretical bases of administration and resource management practice are the instruments and the goal is to coordinate the nursing care work process^[3].

In this work process, the constituent elements gain form in the practical exercise of the technical, political, communicative and citizenship development dimensions^[2].

And, to practice these dimensions, nurses need to develop competences, that is: health care, decision-making, communication, leadership, administration and management and continuing education. For the management of nursing work processes, the specific competences and skills figure in the technical-scientific, ethical-political and socio-educative dimensions^[4].

The development of these competences underlies a nursing management practice that is coherent with the socioeconomic and political context and is also necessary to guarantee quality care.

The technical-scientific dimension is considered as the ability to reflexively use management knowledge, instruments and tools in the planning, execution and evaluation of work processes, so as to articulate science and technique, knowledge and intervention in health-disease situations and acknowledgement and action in different health contexts^[5].

The socio-educative dimension is related to nurses' participation in the elaboration of proposals focused on continuous/permanent human resource training in health, based on the principle of autonomy and citizenship, proposing activities and the promotion of social accountability and commitment, reflections about and transformation of reality, as well as on condition that permanently enhance educative processes^[5].

The ethical-political dimension relates to participation in the construction of policies to guide organizational and professional performance, based on the principle of equalitarian relations, marked by ethics and commitment. It

refers to the ability to collectively construct the work processes, to make ethical decisions that value solidarity, to listen and share decisions and to manage conflicts by identifying their determinants^[5].

Various studies present concepts and evidence the work division among nursing staff members. While the technical staff reproduces care activities, nurses' work stands out through these agents' interventions in two different branches: the "care process and the management process"^[2,6].

The development of these competences contributes to be able to revert the existing dichotomy between caregiving and management into an integrative practice, as care and management actions are focused on responding to individual needs^[7].

In view of the aspects indicated in the literature and management practice, this study is aimed at answering the following questions: What do nurses know about the nursing management process? What fundamental elements do nurses use to make management decisions?

The term management used here related to the management work process nurses practice in their daily work.

Therefore, the aim in this study is to:

- Understand what the management process means to nurses and the fundamental elements for nursing decision-making at a state hospital in São Paulo State, Brazil.

II. METHOD

Phenomenology was used as this study's research method. Phenomenology is a philosophy and a research method—a way to understand individuals' lived experiences and the meanings they associate with their experiences^[8].

Phenomenological studies comprise three moments: description, reduction and understanding^[9].

Description involves the selection of participants who can best share the essence of their lived experiences with respect to the phenomenon of interest. Reduction consists of researchers' identification of the essence of a participant's key words, the "unit of meaning" in each sentence or phrase. Comprehension includes researchers' interpretations of the essence of the reduced unit of meaning in each sentence or phrase—a new unit of meaning is constructed by the researchers. During comprehension, researchers assign new units of meaning to sub-themes and themes by looking for similarities, dissimilarities and idiosyncrasies among new units of meaning.

The study context is a general and tertiary state hospital affiliated with the Brazilian Health System (SUS). The institution has received Ministry of Health recognition as a teaching hospital. Its management model is that of a Social Health Organization (OSS), administered by a Foundation and under the intervention of a university in São Paulo State. The hospital serves as a referral institution for Regional Health Department which covers 68 cities. Since 2008, the institution has received National Accreditation Organization (ONA) certification at the full accreditation level (level 2).

Nursing represents 40% of the institution's workforce (650 out of 1,514 existing professionals), including baccalaureate nurses, nursing technicians and auxiliary nurses, who work uninterruptedly at the hospital's different units and specialized services.

The study participants were twenty-two nurses. These were sufficient to address the research objective and agreed to participate by signing the Informed Consent Form – ICF.

Considering the intentional sample, the participants were included in the research based on the following criteria: having worked in the nursing team for at least one year, in at least two of the units present on the organizational chart of the Nursing Service Management.

Between January 2011 to September 2011 participants were individually interviewed in private confidential locations. Data were collected through audio-recorded interviews, held at the subjects' convenience and based on the following guiding questions: What does the nursing management process mean to you? What do you consider fundamental to make a management decision in nursing? Each interview lasted between 30 to 40 minutes.

Ideographic (interpretation of each statement with units of meaning and themes) and nomothetic (statements as a whole)^[10] analyses were applied to understand the research phenomenon.

The analysis of the testimonies involved the reading of the descriptions from beginning to end, the identification of the units of meaning, expression of the meanings, convergence of the units and synthesis of the units, so as to reach the structure of the phenomenon^[10].

The professionally transcribed participant interviews were independently coded by the two authors. The analytic steps of research method were followed, and NVivo 9 software© QRS International was used to code the transcriptions.

Study rigor was also addressed through participants' review of the transcriptions, and their validation of the themes, sub-themes and illustrative quotations.

The research was approved by the Research Ethics Committee of Botucatu Medical School - UNESP – UnivEstadualPaulista, protocol number 560/2010. Following the protocol of the National Council of Brazilian

Human Subjects Health Research, the principal investigator discussed the study design and objectives with participants, obtained their voluntary consent and ensured participant confidentiality and data protection.

III. RESULTS

The results revealed the understanding about the meaning of the nursing management process for the nurses, with the following themes: The management process and human resources; The management process as a means for the care process; The management process and decision-making; The management process and the technical-scientific dimension, and The management process and the ethical-political dimension.

In this paper, the themes: The management process and the ethical-political dimension and The management process and decision-making will be elaborated in further depth and discussed.

The theme: The management process and the ethical-political dimension unveiled that managing involves awareness about the role of the leader and the responsibility attached to team leadership, in accordance with the following statements: ... *the nurse needs skills, attitude, leadership, competency... deserve responsibility for management, for that unit you are responsible for* (I, 1); ... *where I can manage so that I am the leader, where I have my function* (II, 1); ...*actually work towards results, it means being a true leader... knowing how to focus* (XVII, 7).

The same theme unveils that the management process considers fundamental aspects, like knowing how to talk, how to relate and stimulate motivation in people. The assumption of different roles causes a burden but, when the nurse does not practice leadership, this entails disorganization at work, as expressed in the following statements: ... *so we manage a lot of roles, too many actually; that's why we carry such a burden* (XVII, 5); ... *managing is all that, it means you knowing... how can one say, the personal relationship, you knowing how to motivate people, knowing how to lead, knowing how to be a leader, because management involves all that* (XVII, 6); ... *because, when we've got a manager who is not a leader, things do not go well...* (XVII, 7).

Management involves knowledge about organizational policies, as expressed in the institutional philosophy for the nursing service, with a view to guaranteeing the quality of individual care according to the complexity level and care models that can privilege patient safety. This also relates to its intermediary role in connecting top management with the clinical area ... *understanding how an entire hospital works, all units, each unit with its process, as one differs from the other; so, the manager, because of his function, knows how the hospital functions as a whole, and knows how to manage that process* (VIII, 2); ... *the nurse also establishes that link between the board and what management thought and the frontline, with the technicians and auxiliary nurses, to reproduce this care model and why it was thought, that is also a nursing matter that is important to address* (I, 9); ... *to manage, nurses need a view of the whole, both the administrative and the clinical part, when they are administrative... they need a view of the administrative part... a view from above... put the administrative part in order so that the clinical nurses are able to work... the manager's part, they need to get it... organized* (IX, 3); ... *you end up being responsible for keeping the sector organized... including quality... patients... who receive comprehensive care in accordance with their individual complexity levels...* (X, 2); ... *observing the whole and making everything work the way the institution determines, not only considering institutional determinations, but also attending to the patient's needs* (X, 3).

Management at the institution includes dealing with situations of conflict and lack of human and material resources, expanding the nurses' roles, which needs to cover administrative and care activities ... *I think it's like, management for the nurse... it's getting difficult, because everything is lacking... lack of employees, lack of material... we end up sort of plugging holes...* (XIII, 1); ... *so the nurse would have to play the whole bureaucratic, administrative role, do everything, ranging from admission to everything...* (XIII, 3); ... *what I consider as nursing management is that the nurse would have to deliver care as part of the process... every single day, we end up plugging holes in here* (XVIII, 2); ... *we also need to manage conflicts, because we've got many conflicts... solve problems in the team, which influence patient care* (XXII, 2).

As part of the theme "Management process and decision-making", the aspects were revealed that are considered fundamental in this process and that influence nurses' actions.

Making decisions is a complex process that involves knowledge about the situation, the topic and the organizational context, considering the workers, the work conditions, the assessment of the identified possibilities, the dialogue with the immediate superior and the conclusion of the decision in a way that is fair, ethical and coherent with the reality presented. This process also needs to be agile in order to respond to existing demands within an appropriate timing. According to the statements: ... *when he's going to make a decision, you need to know the exact context of that situation, you need to know about the technical parts inherent in that issue, in that decision* (I, 13); ... *in the administrative issue, you need to make a decision that is somewhat broader, more elaborate... there are different nuances you need to consider... you do not necessarily have to make a decision very quickly...* (I, 15); ... *in the care part, sometimes the decision has to be immediate, and it has to be based... on your knowledge, focused on the patient and within the context...*(I, 16); ... *respect the*

ethical premises (II, 5); ... to make a decision, it depends not just on me, but together with other additional people, not only those at the forefront, it needs to be transmitted to those in charge (III, 6).

The decision is related to the emerge of problem situations, it involves legal backgrounds and institutional needs in order to be feasible in practice. It is related to emotional aspects and possible conflicts. Initiative, vision, impartiality, rationality, team participation and the establishment of priorities are fundamental for this process, as it is linked with patient and team safety ... *we make the decisions when there are problems coming... (IV, 4); ... to make decisions, the nurse needs to be critical, reflect on that decision... take a stand in favor or against, depending on the matter, and be fair (X, 4); ... in case of a conflict, I have to listen to both sides... I have to know what really happened in order to reach a final assessment... (XII, 5); ... Good sense, be critical, making decisions is very difficult... we witness people who no longer look us in the eyes... (VI, 3); ... I have often cried because I was unable to deal with some situations... (VI, 5); ... knowledge, willpower and initiative... (VIII, 6); ... initiative and attitude are fundamental to make decisions (IX, 5); ... when you're gonna make a decision, you need a group with that same decision... talk to your work group, to the nurse or the physician, depending on the decision you're gonna make, and always work in group (XI, 3); ... it's important to know the team... (1,2,5); ... I think we have to try and listen to all suggestions and then reach a decision... (XXII, 6).*

Although the shared decision process is mentioned as important, the nurses in formal management functions do not always participate in the process. According to one participant: *... but, today, in most cases, nobody wants to issue any opinion... (XXII, 6); ... they don't give many suggestions, they just criticize, instead of giving suggestions to mitigate the problem, but I try to get everyone's opinion, I ask: what do you think? (XXII, 8).*

IV. DISCUSSION

The subjects' perception about leadership arouses reflections about the need to empower nurses to practice it and the extent to which the organization needs to support this exercise.

Empowerment takes place when the organization engages people and progressively responds to this engagement in the form of mutual interest and professional development. Empowerment is a state of mind and permanently under construction^[11].

Leadership is a dialectical relation between being and doing, and these two hubs describe it in view of personal aspects and professional skills, as targets to be achieved in nursing^[12].

Effective leadership is critical in order to transform the view of the health system and, although many nurses do not think about becoming leaders at the start of their career, this condition is an inherent part of their professional practice. Nurses, independently of their position in the organization, need to develop leadership skills in order to contribute to patient safety and care quality^[13].

According to the perspective the participants revealed, it is important to keep in mind that leaders need to aim for the empowerment of their team, and that this empowerment presupposes the development of supportive behaviors.

Empowerment theories have been studied and can be associated with a better performance of nursing workers and better outcomes of leaders' work^[14]. Two empowerment perspectives are highlighted in the professional context, the structural and the psychological. Structural empowerment takes place when people have access to information, support, resources and opportunities to learn and grow^[15]. Psychological empowerment involves a sense of motivation in the workplace in four dimensions: meaning, competency, self-determination and impact^[16].

The practice of empowering people is the main component of an effective management process in organizations. Sharing power and using team empowerment techniques are essential aspects^[17].

Both structural and psychological empowerment are management strategies that enhance the development of competency, meaning and self-determination behaviors, impacting the work process^[18].

We argue that, in order to be in tune with the organization's policy and philosophy, one needs to know it and, mainly, to recognize the distribution of power, with a view to coherent decision-making, besides recognizing any points of resistance to promote ethical care.

Literature mentions that the effects of power depend on the tension that exists between the supporting discourse and the points of resistance, which include acting on behalf of the patient, even when going against institutional aspects. The authors also suggest that the practice of power is universal and part of daily professional life^[19].

Conflict is an inherent part of teamwork and needs to be understood as a part of the nurses' work, who are the leaders of their team.

Many professionals avoid, fear and do not attempt to solve conflicts, thus making their work more difficult. Conflict is a normal result of human interaction and needs to be dealt with in daily reality^[13].

Nurses' performance is related to the interpersonal relations established in the links, professional bonds, affection, friendship and affinities, conditioned by different attitudes of reciprocity and by interpersonal skills, translated into contact among people, permitting the constructive processing of the relationship.

Balance and healthy relations should be the objectives in which the nurses need to prioritize good intra and inter sectoral human relations, as well as perceived ethical standards, high-quality communication and team spirit.

This aspect, in accordance with the literature, affirms that communication is a fundamental part of nursing management, as a social practice that involves the work processes in the hospital context. It is important for nurses to deepen their theoretical knowledge about the constituent elements of the communication process and of interpersonal relationships, with a view to successful management communication in nursing^[20].

The excess of bureaucracy blocks the team's development, involving relationships, power policies, mistrust, fear, rumors, gossip, intrigues and priority in the systems, emphasis on errors and weak points. Management reconsiders these facts in order to develop strategies that support empowerment and articulation with the board, with a view to effective empowerment.

In the management process, the decisions made rescue the nurses' true role, that is, client care, integrating the care and managerial dimensions. The research subjects' perceptions are in accordance with the literature, as decision-making is a process of choosing the best alternative, using the knowledge gained to propose the most appropriate solution for each decision, keeping in mind limits and risks^[1-2,7].

In that sense, team involvement, the assessment of situations and action based on ethical and legal premises are fundamental aspects. In addition, knowing the activities inherent in the function and the limits of one's autonomy, in line with institutional guidelines, are also essential to the decision process.

Taking on the responsibilities of decision-making and being impartial are attitudes compatible with the management process. Therefore, the analysis of situations for decision-making needs to consider a range of processes, which can be learned in order to be used as management process instruments and which help to qualify decision in a participatory manner, listening to all stakeholders in the situation and choosing actions that successfully solve the problem, at a low cost and with as little disadvantage and risk as possible for the stakeholders.

A study^[21] focused on so-called Magnetic hospitals was undertaken in the United States, which are characterized as follows: transformational leaderships, structural empowerment, exemplary professional practice, new knowledge, innovation and improvements and empirical results of the quality. These hospitals stand out because they retain the professionals longer and display qualitatively relevant results. Among these characteristics, the organizational structure is one of the strengths of their magnetism, and decentralized and shared decision-making is essential.

One of the models used to increase decision-making by nurses is "shared governance", a formal structure that grants nurses the right, responsibility and power to make decisions. Another strength of these institutions' magnetism is the management style, which enables the nursing workers to participate in decision-making^[20].

Authors define decision as involvement in the distribution of authority for decisions and activities related to the political aspects of nursing practice and the organizational environment^[22].

Therefore, these studies show the importance of sharing decisions among team members, mainly when the decision relates to care practice, as this enables the team to practice autonomy in order to decide on behalf of the patient, based on scientific nursing knowledge^[23].

Disagreement was identified between professionals and managers' perception in the decision process, suggesting that, if the managers want the professionals to further involve in decision-making, they should teach them about the decision process and clarify the involvement needed, as dialogue strengthens the work environment and favors shared decision-making^[21].

At the institution where the research was developed, the decision-making process needs to be constantly addressed, as it is often a solitary process that puts a strain on the nurses, mainly if they do not develop knowledge-based autonomy to make scientifically supported and well-argued decisions, as part of a consolidated practice.

V. CONCLUSION

In accordance with the study's methodological proposal, the themes revealed underline the understanding of what the management process means to the nurses, contributing to effective management practice with a view to guaranteeing the assistance/care process, emphasizing leadership competences in the promotion of structural and psychological empowerment and coherent and knowledge-based decision-making.

Hence, the management process and the ethical-political dimension unveiled that practicing leadership means constructing skills throughout the professional lifetime, as the situations needed to use this competency are developed to contribute to the qualitative improvement of care delivery.

Other points highlighted were the importance of team empowerment by the leader, coping with conflict situations and lack of human and material resources, the development of administrative and care activities and comprehension about and interventions in the work burden and in interpersonal relations.

Management also involves knowledge about organizational policies, as expressed in the institutional philosophy for the nursing service, with a view to guaranteeing the quality of individual care according to the complexity

level and care models that can privilege patient safety. This also relates to its intermediary role in connecting top management with the clinical area.

In the theme management process and decision-making, it was revealed that knowledge about the problem situation, the organizational context and understanding about the team's conditioning factors, in combination with the use of the knowledge gained, provide more appropriate solutions to the situations experienced.

When assuming the responsibilities for the decision made, professionals need to assess it in view of ethical and legal principles, activities inherent in their function and autonomy to make this decision.

Decision-making is a complex process that emotionally involves professionals and often causes conflicts that demand consensuses. Developing negotiation strategies and empowering the subjects are important elements that contribute towards decentralized and shared decisions among team members.

The phenomenon of the management work process for the nurses at a state hospital was unveiled according to the horizons of the research participants, the researcher's experience and literature on the theme. Nevertheless, in view of the range of this theme, other foci need to be addressed to reveal the complete meaning of the research phenomenon.

REFERENCES

- [1]. A.M. Peres, M.H.T. Ciampone, Management and general nursing competencies, *Texto & Contexto - Enfermagem*, 15(3), 2006, 492-499.
- [2]. V.E.A. Felli, M. Peduzzi, The managerial work of nursing (Rio de Janeiro: Guanabara Koogan; 2010).
- [3]. M.C Sana, The nursing work processes, *Revista Brasileira de Enfermagem*, 60(2), 2007, 221-224.
- [4]. Ministério da Educação (BR), Conselho Nacional de Educação, Câmara de Educação Superior. Resolução CNE/CES nº 3 de 9 de novembro de 2001. Dispõe sobre as Diretrizes Curriculares para os Cursos de Graduação em Enfermagem. *Diário Oficial da União*, 9 Nov 2001. Seção 1. p.37.)
- [5]. J.C.O.A. Ferreira, P. Kurcgant, Directors of nursing point of view of the professional capacitating program for nurses working in major teaching medical centers, *Acta Paulista de Enfermagem*, 22(1), 2009, 31-36.
- [6]. M. Hausmann, M. Peduzzi, Articulating between management and care dimensions in the nursing work process, *Texto & Contexto - Enfermagem*, 18(2), 2009, 258-265.
- [7]. A. Kitson, H. Silverston, R. Wiechula, K. Zeitz, D. Marcoionni, T. Page, Clinical nursing leaders', team members' and service managers' experiences of implementing evidence at a local level, *Journal of Nursing Administration*, 19(4), 2011, 542-555.
- [8]. M. Dowling, From Husserl to van Manen: A review of different phenomenological approaches. *International Journal of Nursing Studies*, 44(1), 2007, 131-142.
- [9]. J. Martins, Um enfoque fenomenológico do currículo: educação como poésis (São Paulo: Cortez; 1992).
- [10]. J. Martins, M.A.V. Bicudo. A pesquisa qualitativa em psicologia: fundamentos e recursos básicos (São Paulo: Moraes; 1994).
- [11]. J.I. Erickson, G.A. Hamilton, D.E. Jones, M. Ditomassi, The value of collaborative governance/staff empowerment, *Journal of Nursing Administration*, 33(2), 2003, 96-104.
- [12]. G. Johansson, L. Andersson, B. Gustafsson, C. Sandahl, Between being and doing: the nature of leadership of first-line nurse managers and registered nurses, *Journal of Clinical Nursing*, 19 (1), 2010, 2619-2628.
- [13]. P. Marshall, R. Robson, Preventing and Managing Conflict: Vital Pieces in the Patient Safety Puzzle. *Health Care Quarterly*, 8(6), 2005, 39-44.
- [14]. M. MacPhee, J. Skelton-Green, F. Bouthillette, N. Suryaprakash, An empowerment framework for nursing leadership development: supporting evidence. *Journal of Advanced Nursing*, 68 (1), 2011, 159-169.
- [15]. H.K.S. Laschinger, J.E. Finegan, J. Shamian, P. Wilk, A longitudinal analysis of the impact of workplace empowerment on work satisfaction, *Journal of Organizational Behavior*, 25, 2004, 527-545.
- [16]. G.M. Spreitzer, Psychological empowerment in the workplace: dimensions, measurement, and validation, *Academy of Management Journal*, 38(5), 1995, 1442-1465.
- [17]. J.A. Conger, R.N. Kanungo. The empowerment process: integrating theory and practice, *The Academy of Management Review*, 13(3), 1988, 471-482.
- [18]. J.G. Stewart, R. McNulty, M.T.Q. Griffin, J.J. Fitzpatrick, Psychological empowerment and structural empowerment among nurse practitioners. *Journal of American Association of Nurse Practitioners*, 22(1), 2010, 27-34.
- [19]. E. Peter, L.V. Lunardi, A. Macfarlane. Nursing resistance as ethical action: literature review. *Journal of Advanced Nursing*, 46(4), 2004, 403-416.
- [20]. J.L.G. Santos, A.G. Prochnow, S.B.S. Lima, J.L. Leite, A. Erdmann, Communication conceptions in Hospital Nursing Management between head nurses in a University Hospital. *Revista da Escola de Enfermagem da USP*, 45(4), 2011, 959-965.
- [21]. C.A. Scherb, J.K.P.L. Specht, L. Jean, D. Reed, Decisional involvement: staff nurse and nurse manager perceptions. *Western Journal of Nursing Research*, 33(2), 2011, 161-179.
- [22]. The Future of Nursing: Leading Change, Advancing Health Committee on the Robert Wood Johnson Foundation Initiative on the Future of Nursing at the Institute of Medicine; Institute of Medicine. Cap. 5 Transforming Leadership. Available in <<http://www.nap.edu/catalog/12956.html>>.
- [23]. D.S. Havens, J. Vasey. The staff nurse decisional involvement scale: report of psychometric assessments. *Nursing Research*, 54(6), 2005, 376-383.