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Montezeli JH, Peres AM, Bernardino E.

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RESEARCH

NURSE MANAGEMENT SKILLS REQUIRED AT AN EMERGENCY CARE UNIT

COMPETÊNCIAS GERENCIAIS REQUERIDAS DE ENFERMEIROS EM UM PRONTO-SOCORRO

HABILIDADES GERENCIALES REQUERIDAS DE ENFERMEROS EN UNA UNIDAD DE ATENCIÓN DE EMERGENCIAS

Juliana Helena Montezeli¹, Aida Maris Peres², Elizabeth Bernardino³,

ABSTRACT

Objective: To identify the management skills needed for this professional at an emergency care unit. **Method:** An exploratory descriptive qualitative study conducted with eight nurses in which semi-structured interviews with nonparticipating systematic observation were conducted; the data was processed by content analysis. **Results:** The categories which emerged from the content analysis served as a list of management skills necessary to their work at the emergency care unit: leadership, decision making, communication, time management and teamwork. **Conclusion:** management skills can communicate between each other and are mobilized in a hologramatic manner in the nurses' performance in a scenario which greatly enhances the technical aspect as key to a productive practice. **Descriptors:** Nursing, Emergency nursing, Nursing administration research, Practice management.

RESUMO

Objetivo: identificar as competências gerenciais necessárias a este profissional em um pronto-socorro. **Método:** estudo qualitativo descritivo-exploratório realizado com oito enfermeiros em que se conjugou entrevista semi-estruturada com observação sistemática não participante; os dados foram tratados pela análise de conteúdo. **Resultados:** as categorias emergidas da análise de conteúdo permitiram elencar como competências gerenciais necessárias para sua atuação no pronto-socorro: liderança, tomada de decisão, comunicação, administração do tempo e trabalho em equipe. **Conclusão:** as competências gerenciais possuem dialogicidade entre si e são mobilizadas de maneira hologramática na atuação do enfermeiro em um cenário que valoriza sobremaneira o aspecto técnico como elemento fundamental para uma prática produtivista. **Descritores:** Enfermagem, Enfermagem em emergência, Pesquisa em administração de enfermagem, Gerenciamento de prática profissional.

RESUMEN

Objetivo: Identificar las habilidades gerenciales necesarias para este profesional en la unidad de atención de emergencias. **Método:** Estudio cualitativo descriptivo-exploratorio, realizado con ocho enfermeras, en que se realizó una entrevista semi-estructurada con observación sistemática; no hubo participantes y los datos se procesaron mediante análisis de contenido. **Resultados:** Las categorías emergidas del análisis de contenido permiten la lista como competencias gerenciales necesarias para el trabajo en una unidad de atención de emergencias: liderazgo, toma de decisiones, comunicación, gestión del tiempo y el trabajo en equipo. **Conclusión:** las competencias de gestión tienen dialogicidad entre sí y son movilizadas de manera hologramática en las acciones del enfermero en un escenario que se mejora enormemente el aspecto técnico como el elemento fundamental para una práctica productivista. **Descritores:** Enfermería, Enfermería de urgencia, Investigación en administración de enfermería, Manejo práctico.

¹Emergency room Nurse. Master in Nursing at UFPR. Assistant Professor at the Universidade Estadual de Londrina (UEL). Member of the Group of Policy Research, Management and Health Practice at UFPR (GPPGPS/UFPR). Rua Paes Leme, 64, Ap.102, Jardim Ipiranga, Londrina-PR, CEP: 86010-622. Phone: +55 (43)9677-8932. E-mail: jhmontezeli@hotmail.com. ²Nurse. PhD in Nursing. Professor at PPGENF/UFPR. Leader of GPPGPS/UFPR. E-mail: aidamaris.peres@gmail.com. ³Nurse. PhD in Nursing. Professor at PPGENF/UFPR. Associate Professor of Université Laval, Canadá. Member of GPPGPS/UFPR E-mail: elizaber@ufpr.br.

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INTRODUCTION

Standard administration performed by rules is being increasingly replaced by the use of concepts such as learning, knowledge and competence in order to ensure the advantageous position of organizations today.

In a professional context, competence is defined as the ability to articulate, put into action values, knowledge and skills necessary for the efficient and effective performance of activities required by the nature of work.¹

In the nursing context, the term competence is defined as the ability to know and act upon certain situations and it involves the ability to perform planning, implementation and evaluation of actions for which the experience is an important factor to do it with quality.²

Specifically on the nurse's management ability, according to the fourth article of the National Curriculum Guidelines (DCNs), this ability should be developed during their academic process.¹ But even if the academy call attention to this practice and seek to form a nurse based on these principles, marketing bases anchored in capitalism make health institutions expect from this professional a management action with a view to profitability.³

The work of the authors in a hospital emergency service provided specific experiences to the dynamics required for this environment that in many situations allowed knowledge to flow, skills and peculiar attitudes. Empirically, we found that these differences deserve to be explored in greater depth through the following question: what are the management competencies required of nurses in action in the ER (PS)?

Those concerns have raised this research aimed to identify the necessary management competencies for a nurse in a PS.

METHODOLOGY

Descriptive exploratory qualitative study done at a philanthropic university hospital in Curitiba-PR, Brazil, with eight nurses from the emergency room. All 10 nurses in the sector were invited to participate in the study, but two of them refused.

Data collection took place from February to April 2009, ethically grounded under Resolution no. 196/96 of the National Health Council⁴; the researchers signed a term of informed consent and approval at the Research Ethics Committee of the Evangelical Beneficent Society, under protocol number 7799-08.

We used semi-structured interviews, combined with the systematic non-participant observation and investigative option. The interview was recorded and addressed the following question: 'what do you consider to be the management competencies required to develop activities in your daily work in the PS?'

The observational procedure was recorded in a field journal and performed after applying the interview, totalling 65 hours, and the average time with each nurse was eight to ten hours. We were able to determine the amount of hours since at a given time, new situations stopped coming up, and we ended up with only repetition of facts.

Data was treated by content analysis⁵ and the results were shown under categories. The speeches that illustrate the categories were labelled from EE1 to EE8 (interview with nurse 1 interview with nurse 8). Since the snippets cut

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from the observations were labelled from SO1 to SO8 (nurse 1 note observation to nurse 8 note observation).

RESULTS AND DISCUSSION

Subjects set as necessary management competencies for their operations in the PS: leadership, decision making, communication, teamwork and time management.

LEADERSHIP

Subjects reported the use of situational leadership in the PS as essential in this sector, due to its dynamic specific work. The speech below illustrates this statement:

To lead here at the PS includes knowing how to act in different conditions imposed by everyday life we face. It also depends on the team members, as some can lead more openly, others are immature and we need to have a different position. (EE5)

However, the subject of autocratic positioning of nurses emerged when developing the leadership skill:

Knowledge is the key to work here in the PS. I can also mention leadership, agility of thought, knowing how to deal with difficult situations, authority, [...] often if the nurse does not know what to do, he can't get everyday things done. (EE3)

Even bringing up this issue, the observations we developed went on a different way, because it showed the leadership of the subjects being put into practice in a way shared with other members of the nursing team and also with components of the multidisciplinary team.

DECISION MAKING

Participants called attention to the fact that decision making should be developed in a short time, as shown in the following statement:

(...) We cannot waste time, you must decide quickly, be dynamic and choose correctly. (EE7)

Episodes in which decision making was made without prior planning and under the influence of other members of the multidisciplinary team came up. The following excerpt exemplifies this:

They told us multiple victims from a traffic accident would come to the PS so the nurse began to relocate the stretchers and patients to foster care. The surgeon on duty didn't agree with what the nurse had done and asked him to remake what he had done. The nurse then promptly obeyed this request, even though that was not the best kind of nursing practice and without consulting the staff. (OE7)

Another aspect of the decision-making refers to discussions about autocratic positioning. Nurses decide by themselves and there is no involvement of other members of the nursing staff, which reinforces their hierarchical position to the mid-level professionals, as we can see in the following report:

The nurse dedicated part of his turn to the development of activity and vacation scales. It called my attention the fact that he did not consult members of the nursing staff about what would be the preference of each for the holiday period, he decided by himself. (OE3)

COMMUNICATION

Study subjects identified communication as an important management skill to act in the PS and considered it a strong ally to the leadership and intervening element in decision making in their work process, as expressed in this excerpt:

To develop management activities in the PS, the nurse must be a leader. But if he/she does not know to communicate he/she won't be able to decide anything as routine. So in my opinion, communication is a skill that we must have in this sector. (EE7)

However, subjects said that communication is far from being considered easy to achieve in the study scenario PS, either by

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verbally or written language. They also mentioned the influence of the dynamics in emergency communication process, as evidenced in this example:

Regarding communication, this is a quite difficult skill to accomplish, given that the emergency room is a place of diverse dynamics, unlike other hospitalization units. Both written and spoken communication eventually lack on something with regards to information, particularly those that should be transferred properly. (EE7)

TEAMWORK

The relational aspect along with teamwork has been emphasized in the nurses' speech in the study, as exemplified:

In an emergency room, we are always dealing with the unknown, and because of this the decisions to be taken are also unforeseeable. The nurse should be the one to integrate and direct this unpredictable situation so that solutions may emerge from the very service team, reducing considerably the stress and disorder. They must learn to work in teams. (EE4)

The observation process enabled us to further identify that those in the study, when team working, cherish good interpersonal relationship in their daily life and understand that interpersonal relationship is a support to teamwork, which agrees with the literature review.

TIME MANAGEMENT

Survey participants identified time management as a management skill to be used by nurses in their work process in the PS, as we can see in this excerpt:

In my opinion, a nurse must be able to manage time. If we do not manage well, it is useless to have other skills since we won't be able to manage correctly and we will end up with activities that should have been completed in other shifts. (EE1)

They stressed, however, that there is the influence of organizational culture on time

management by nurses, which requires that the nurse develop bureaucratic actions, which take time. This time could be allocated to other activities in their work process:

It is difficult to manage time in the PS either due to the dynamics of the sector, and also because there are too bureaucratic actions to be performed, which are imposed by the hospital and which make us waste time. (EE5)

Respondents recognize the importance of leadership in the PS and what they said is in agreement with literature. The observations are also in accordance to this reality and place leadership as a support base for the practice of nursing management in this sector.

With regards to the situational leadership approach, its basic concept refers to the fact that there is not just a way of performing it for any situation, like the subjects in this study have reported. The four leadership styles proposed by this model of leadership are: to determine, to persuade, to share and to delegate.⁶

It was possible to identify during observations that PS nurses develop the four aforementioned types of leadership, according to their speeches obtained through interviews. Thus, observations and interviews in this study indicate the use of situational leadership and its various approaches in daily actions.

However, there was reference to autocratic position in leadership. In the speech that refers to this point, the subject understands authority as being authoritarian and, even though it was an idiosyncrasy of EE3, we can see that the concept of leadership and authoritarianism are unclear in most cases. This attitude is not in accordance to what is expected from the nurse-leader. Although this characteristic is no longer well accepted nowadays, some health institutions approve this behaviour and believe it may help the

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nurse succeed in getting activities better performed.⁷

Even though some time ago the emphasis on the leader's power would be cherished, in modern times the mark of leadership is to strengthen the working group in order to enhance individual skills and dilute the power in the group so that each member can recognize the purpose and meaning of their work.⁸

However, the behavioral style of leadership is closely related to the context in which it occurs. Despite being an important resource in the care process and in the management process, it has little chance of advancing in the nursing field if efforts are not directed towards innovative attitudes, projects and personal and group investments.⁹ It is necessary, therefore, that nurses be able to use features derived from leadership to avoid being victimized by the status quo or dysfunctions of bureaucracy imposed by organizations.

Decision Making was the second responsibility pointed. Decision-making processes are increasingly distancing from empiricism, requiring prior systematic planning. Decision Making is considered a management skill and it is embedded in planning and leadership which is a result of these. It is important to remember that the more urgent the situation is, the more individuals get stressed to choose a solution to the problem. Thus, there is a tendency to shorten the process of defining the routes to be followed for decision making.¹⁰ This issue was observed during data collection in one of the research subjects, which is not in accordance to the speech obtained through interviews.

We noticed that even if this professional is aware of the importance of planning decisions to be made, in practice situations arise in which this process occurs on impulse or the stress

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coming from both the dynamic characteristic of an emergency work service or from the influence/manipulations of other professional categories. It is also known, however, that extending methodology planning allows the analysis of problems and therefore helps the classification and decision making of processes.¹⁰

Regarding the autocratic posture on decision making, positioning oneself authoritatively in decision processes shows a profile with signs of exhaustion nowadays, because it is widely known that we must have participatory processes for troubleshooting. This implies that the development of teamwork and the rapport with the group are necessary for the achievement of goals.¹¹

To do so, we must consider that not a single person has all the knowledge for decision making. Thus, this process, when shared with the team, is the most accurate way to gather the group's knowledge.¹²

Regarding the communicative competence, the nurse leader plays an important role in establishing effective and organized communication, because communication between the nursing staff must be constantly practiced and evaluated, in order to identify gaps, correct those and keep the positives aspects.

Therefore, leadership and communication are essential strategies for professional nursing practice, which can be seen in the respondent's speeches. It is through communication that occurs the understanding of the message being passed and it also contributes to a good relationship of those communicating.¹³

Participating nurses in the study have a consistent perception with findings in literature; they consider the communication process one of the causes for successful leadership and decisions. Corroborating, "[...] communication between

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professionals is common ground in team work, which should occur from the reciprocal relationship of work and interaction".^{14:106}

Difficulties in the communication process among nurses and staff or between these can occur because each person may understand the message in a different way, the lack of clarity on the part of those who are conveying the message and / or lack of interest of the receiver.¹³ Through observations, it was possible to confirm these aspects. The need for agility makes note taking too brief which compromises written communication.

When respondents indicate teamwork as a skill, when reporting the relational aspect in management, we have that teamwork has been used as a strategy to cope with the intense specialization in healthcare, which deepens interventions in a fragmented way without articulating the knowledge of other professionals.¹⁴

However, the culture in which we operate greatly appreciates responsibility and individual achievement. Thus, in the workplace, usually positions and functions, salary scales, performance appraisals, promotions, career plans are also based on individual performance.¹⁵ It may increase the chances of making it difficult for the development of teamwork and it is reflected in the practice of nursing. Working as a team is a management skill to be mobilized by the nurse and especially an element that this professional must develop along with their subordinates.

To make it possible, there is a need for participatory management by nurses in interpersonal relationships; it is known that currently the model of interpersonal relations that should prevail in the work place is the democratic model, in the perspective of a participatory management approach, to which the leader must

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be skilful. It is important to emphasize that, even if there was a reference idiosyncratic EE3 to the need of acting in autocratic decision-making process, in other observations we saw one position focused on participation of involved members in situations that required resolutions, which denotes an interpersonal relationship in accordance to what was considered as acceptable in the literature.

Another skill mentioned by the subjects was time management. This is important because the perception of time - as a decisive factor in the organization of work - facilitates the understanding of its relationship with the production process. Therefore, it also helps to understand the work in health production process.¹⁶

Therefore, we consider that the practice developed by the subjects in the PS is far from being random and exclusively grounded in everyday life provided by the unexpected emergency scenario. The observation process conducted with the subjects brings to light this evidence, since actions are rarely procrastinated to subsequent rounds by nurses, despite the constant flow of emergencies. While not working directly in assisting victims in emergency, they use their time looking for other administrative activities, which shows that their performance permeates the unexpected issue.

To confirm this point, we know that the time taken to carry out the procedures and the cost of this should be a source of concern for nurses to exercise management activities, because the quality of nursing care is linked to the alignment of human resource dimensioning and suitability of the materials needed for care.¹⁷

From the findings in the literature and also considering the explanations of the subjects, it is possible to verify that organizational culture

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affects the process of nursing work and permeates their attitudes in several competencies developed by it. Thus, it also reflects on time management, since the professional must align his/her daily management activities to institutional determinations, which generally converge with bureaucratic practices.

“Organizational culture results in beliefs and values that guide the manager's decisions at all levels of the organizational structure, pointing out which way to go when there are various alternatives of action”.^{18:570} Health organizations are shaped by the beliefs and values of those who create and express their opinions, establish standards that outline their structures, technique and procedure manuals.

Even though the emergency department has the opportunity to share adverse and dynamic experiences, nurses seem to believe it is possible and necessary to manage time to complete the objectives to be achieved in their work process.

To sum up, the nurse must constantly seek strategies that will assist him to manage the emergency department. In this context, it is evident, among other issues, the need for both organizational and individual investments in continuing education in order to expand their fund of knowledge and, therefore, its subsidies for mobilization of management skills.¹⁹

CONCLUSION

Management competencies permeate professional nursing practice in different areas of operation, including the PS, scenario of this study, the dynamics of which tends to give greater emphasis to the technical dimension, rather than the management dimension.

One can see that the management skills communicate with each other and are mobilized hologrammatically in the nurse's role. This became J. res.: fundam. care. online 2013. jul./set. 5(3):245-52

clear due to the subjects' speech and the observation process, which allows us to affirm that the understanding of the nurses in the study makes a reference to the distance of a fragmented management practice.

It is expected that the findings of this research give a series of reflections and provide subsidies, albeit embryonic, to face the challenges that arise in everyday practice in emergency. The principle of these challenges is anchored in a setting that values greatly the technical aspect as key to a productivist practice. In contrast, the articulation of the various management skills by nurses supports its operations with a focus on nursing work with a look to the needs of users and their staff.

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