

Work Environment: Training Nursing Managers to Change Operational Practice

Tomasella GF1*, Oliveira, ACR2, Machado MM3, Farras BC4 and Novaes IR5

¹Geovana Fereccini Tomasella, IQG, São Paulo, SP, Brasil

²Ariadine Cristina Rodrigues de Oliveira, IQG, São Paulo, SP, Brasil

³Mara Marcia Machado, IQG, São Paulo, SP, Brasil

⁴Bruno Cavalcanti Farras, IQG, São Paulo, SP, Brasil

⁵Lucianna Reis Novaes, IQG, São Paulo, SP, Brasil

SUMMARY

The processes redesign is still a topic little discussed today within the care context. It promotes reflections on activities that really add value to the client and impact on the quality of care offered by the nursing staff. In this sense, this study aimed to evaluate the nursing staff work environment by applying the "Nursing Practice Work Environment Scale [PESNWI]". The IQG Nursing Certification Program discusses the redesign of the care model based on conditions in the workplace to which nursing is inserted. A cross-sectional research was conducted with a quantitative approach in nursing professionals at a Brazilian general hospital, enrolled in the IQG Nursing Certification Program. The analyzed institution has 744 nursing professionals, with the participation of 60.6% of its total. The research used comparative analysis between management and care positions. Results differ from other national studies of the same nature in hospital settings. In general, the nursing practice environment composition was considered as favorable. The unfavorable dimensions to nursing practice are linked to the management and leadership of the head nurse, observed by their fragility as care coordinators. Another point to consider is the collaborative nature of the relationship between nurses and other team members, as well as their impact on their members' autonomy and status in the organization. The work environment perception declared by the nurse managers and the care team is significantly different, which disadvantages the implementation of effective practices of professional repositioning before the multi-professional team and senior institutional management. Significant changes in care practices are understood to occur when the nursing managers understands their role in the team and the real practical problems of daily life, acting in a participatory manner with their team, strengthening the functional autonomy of all professionals.

*Corresponding author

Geovana Fereccini Tomasella, IQG, São Paulo, SP, Brasil. Tel: +55(12)99123-9611; Email: assistencia@iqg.com.br

Received: October 20, 2019; **Accepted:** October 24, 2019; **Published:** October 26, 2019

Keywords: Workplace, Nursing, Organizational Culture, Management Model, Care Practice, Transformational Leadership

Abbreviations

PESNWI - Practice Environment Scale of the Nursing Work Index
IQG - Health Services Accreditation

Introduction

The Brazilian Health System has undergone numerous transformations in recent decades, however, changes are still needed in order to revise the health management model, meeting the real expectations of users [1-6]. To understand the depth that the Brazilian health system has to reorganize and improve the quality of care, we need to know the particularities of the Brazilian Health Systems. One of the main issues to be addressed is the multiplicity of health needs within the population. The health system must be

able to understand its needs in a timely manner and conditions so that it is possible to reduce costs and increase the assertiveness in the service that is offered to the population. In this sense, it is essential to treat these issues with one of the main health action groups, which is nursing, given not only its representativeness in health, as well as its importance for direct assistance to users of the health system. Aiming to foster institutional self-knowledge, sustainable development and maintain market competitiveness [7]. The Brazilian Nursing Services Certification Program of IQG - Health Services Accreditation, was structured to assist the repositioning of nurses as patient care coordinators. The Certification discusses the care model delineation based on the work environment conditions to which nursing is inserted. The "Nursing Practice Work Environment Scale (PESNWI) assesses the characteristics that may favor nursing practices [1]. The negative implication of the work environment in nursing practice

can directly impact the results and quality of service, favoring that process failures may occur. The nursing model needs to be modulated in order to influence followers and favor team members to perform their day-to-day duties, resolve conflicts and communication problems. Opportunities for team development and improvement must be able to overcome shift changes. It is up to the organization to develop strategies to stimulate self-development. Good patient outcomes depend on staff synergy and interdependence, requiring leaders to move toward greater integration. It is necessary to review the team's activities, evaluate their performance and guide them over time so that they can achieve the group's goals. The Nursing Team repositioning process involves defining the development of skills necessary for the team's work, thus recognizing and valuing good practices based on conscious management of the real foundation of Nursing Service.

Materials and Methods

Cross-sectional study with a quantitative approach conducted with nursing team professionals from a Brazilian general hospital, enrolled in the IQG Nursing Certification Program. The Nursing Practice Workplace Scale (PESNWI) was used as a tool for workplace assessment [2-3]. This institution is a reference in medium and high complexity care, with 243 operational beds, 50 of them intensive care. The most strategically relevant specialties

are high-risk oncology and obstetrics. The analyzed institution has 744 nursing professionals, 14.7% nurses, 77.3% nursing technicians and 8.0% nursing assistants. The comparative analysis was made between management and care positions through the T-test for independent samples, adopting a significance level of 0.05.

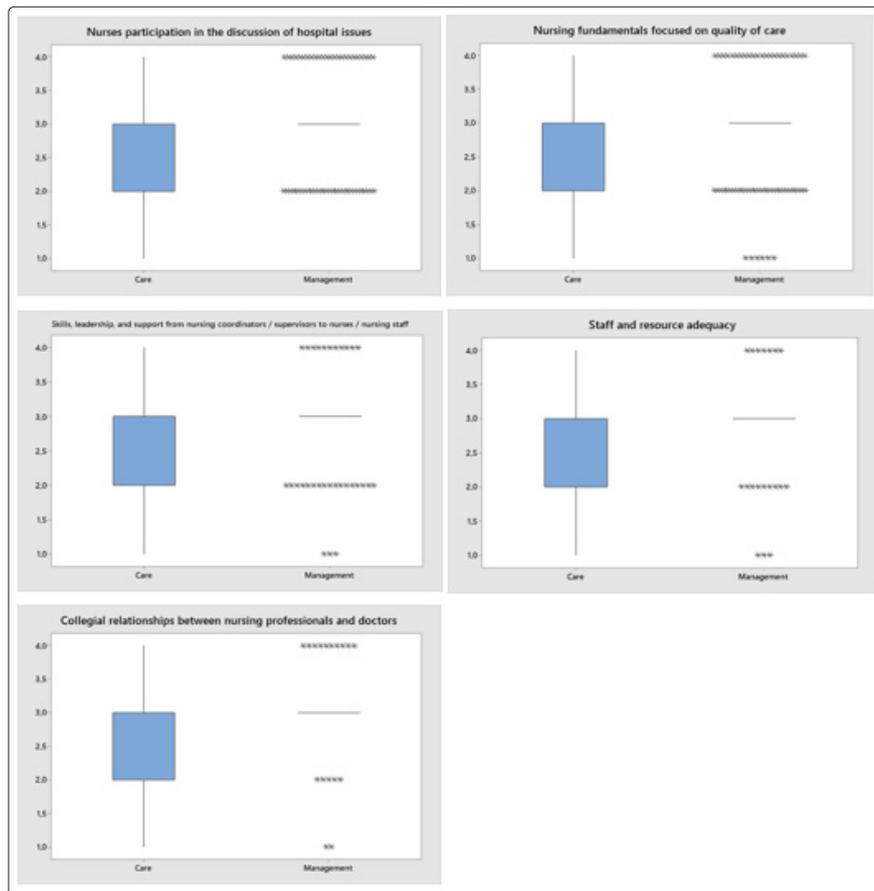
Results and Discussion

In June 2019, the survey was applied to 451 nursing professionals, corresponding to 60.6% of the total professionals, with 93.6% representing the operational area, 2.4% working in the administrative area and 4% in the management area. The total number of nurses was 20.4% and 79.6% nursing technicians and assistants, and 70.7% reported working during the day. The length of work in the organization, stated by the professionals who answered the survey, was 25.1% with up to 1 year and 34.8% of professionals with 5 or more years. Of the professionals working in management positions, 57.1% have 5 years or more of experience in the organization, where all declared continuing education at postgraduate level. Among care nurses, 83.8% declared having specialization. The result of using the PESNWI tool was evaluated as favorable for all dimensions in the studied organization. These results differ from national outcomes related to the nursing work environment. [4-5].

Category	Unit of measurement	Nurses participation in the discussion of hospital issues	Nursing fundamentals focused on quality of care	Skills, leadership, and support from nursing coordinators / supervisors to nurses / nursing staff	Staff and resource adequacy	Collegial relationships between nursing professionals and doctors	Composition: nursing practice environment
	Average	2,52	2,52	2,51	2,60	2,75	2,58
	DP	0,85	0,83	0,78	0,76	0,76	0,78
	Median	3,00	3,00	3,00	3,00	3,00	3,00
	Average	2,96	2,88	2,88	2,88	3,02	2,88
	DP	0,59	0,66	0,62	0,64	0,68	0,64
	Median	3,00	3,00	3,00	3,00	3,00	3,00
	Average	2,74	2,70	2,69	2,74	2,89	2,73
	Median	3,00	3,00	3,00	3,00	3,00	3,00
	p-value*	≤0,01	≤0,01	≤0,01	≤0,01	≤0,01	≤0,01

T-test: p-value 0, 01

However, in the comparative analysis between the nursing management (manager and coordinators) and the nursing care group, it was observed environments perceived in different ways for all dimensions, with high significance value.



In all dimensions, great variability was found among the nursing group that acts directly in care; contrary to what happened with the management team. In addition, more than half of the care team did not respond favorably to the dimensions; contrary to what was observed in the group of managers, noting higher means and more linear responses of the group.

Conclusion

Through the results of this research, there are major differences in the perception of the work environment between the nursing care team and the group of managers, despite the evidence from the research of a favorable work environment. This fact corroborates a study that points to the negative perceptions linked to the management and leadership of the head nurse, observed by their fragility as care coordinators. The collaborative nature of the relationship between nurses and other team members is also another relevant factor to note, given its impact on the autonomy of its members and their status in the organization. It is understood that significant changes in care practices will occur when the nursing manager understands their role before their work group and the real practical problems of daily life, acting in a participatory manner with their team, strengthening the functional autonomy of all members.

Conflict of Interest

This study has no conflict of interest and financial as it is scientific content applied to the nursing teams’ clinical practice, which can contribute to the improvement of the activities performed by the group.

References

1. Gasparino RC, Guirardello EB (2009) Translation and cross-cultural adaptation of the iNursing Work Index ñ Revised

into brazilian Portuguese. *Acta Paul Enferm* 22: 281-287.
 2. Gallego CF, Casaba MRM, María EG (2013) Validation of the Spanish version of the questionnaire practice environment scale of the nursing work index. *Int. j. nurs. Stud* 50: 274-280.
 3. Aiken L, Patrician P (2000) Measuring organizational traits of hospitals: The Revised Nursing Work Index. *Nurse Res.* 49: 146-153.
 4. Azevedo FFM, Soares MC, Cimiotti JP(2018) Ambiente da Prática de Enfermagem em Unidades de Terapia Intensiva. *Acta Paul. Enferm* 31: 217-223.
 5. Marcelino CF, Alves DFS, Gasparino RC, Guirardello EB (2014) Validação do Nursing Work Index-Revised entre auxiliares e técnicos de enfermagem. *Acta paul. Enferm* 27: 305-310.
 6. Dubeux LS, Freese E, Felisberto E (2013) Acesso a Hospitais Regionais de Urgência e Emergência: abordagem aos usuários para avaliação do itinerário e dos obstáculos aos serviços de saúde. *Physis Revista de Saúde Coletiva*, Rio de Janeiro 23: 345-369.
 7. Fuhr LT, Basso F, Arenhardt SL, Freitas TB, Soares A (2013) Martins V. Análise das 7 perdas de Shingo em ambientes de aprendizagem. *Revista Liberato*, Novo Hamburgo 22: 113-238.

Copyright: ©2019 Geovana Fereccini Tomasella, et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.