

Nursing care in inpatient units*Atención de enfermería en unidades de hospitalización**Assistência de enfermagem em unidades de internação***Cladis Loren Kiefer de Moraes¹**

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E-mail: cladismoraes@uol.com.brChief Editor: Caroliny dos Santos Guimarães da Fonseca
Executive Editor: Kátia dos Santos Armada de Oliveira**Submission:** 02-19-2022**Approval:** 03-31-2022**Abstract**

The aim was to identify the perception of nurses in the process of managing nursing care for patients treated in hospital units of the Unified Health System. Qualitative research with an exploratory, descriptive and field approach. Twenty nurses participated in the research. Regarding the nurses' perception of care management, the nurses stated direct assistance; daily assessment of the patient identifying their needs; care for patients with greater need and vulnerability; attend to clinical complications; update the patient's daily monitoring instrument and implement the institution's protocols. Management difficulties are found in absenteeism; inadequate physical structure; lack of materials; lack of recognition of nurses as a leader; insufficient knowledge and activity overload. The facilities are the materials; human Resources; training and commitment of teams; correct assistance; humanization and dedication to patients. It is proposed, trainings that address themes about the provision of care; management in hospital units; nursing leadership; among other topics, in addition to continuing the study to assess the efficiency and effectiveness of the proposals.

Descriptors: Nursing Care; Nursing; Management; Hospital Internment; Hospital Management.**Resumen**

El objetivo fue identificar la percepción de los enfermeros en el proceso de gestión del cuidado de enfermería a los pacientes atendidos en unidades hospitalarias del Sistema Único de Salud. Investigación cualitativa con enfoque exploratorio, descriptivo y de campo. Veinte enfermeros participaron de la investigación. En cuanto a la percepción de los enfermeros sobre la gestión del cuidado, los enfermeros afirmaron: asistencia directa; valoración diaria del paciente identificando sus necesidades; atención a pacientes con mayor necesidad y vulnerabilidad; atender las complicaciones clínicas; actualizar el instrumento de seguimiento diario del paciente e implementar los protocolos de la institución. Las dificultades de gestión se encuentran en el ausentismo; estructura física inadecuada; falta de materiales; falta de reconocimiento de las enfermeras como líder; conocimientos insuficientes y sobrecarga de actividades. Las instalaciones son los materiales; recursos humanos; formación y compromiso de los equipos; asistencia correcta; humanización y dedicación a los pacientes. Se proponen capacitaciones que aborden temas sobre la prestación del cuidado; gestión en unidades hospitalarias; liderazgo en enfermería; entre otros temas, además de continuar con el estudio para evaluar la eficiencia y eficacia de las propuestas.

Descriptores: Cuidados de Enfermería; Enfermería; Administración; Internación Hospitalaria; Administración Hospitalaria.**Resumo**

Objetivou-se identificar a percepção dos enfermeiros no processo de gerenciamento da assistência de enfermagem aos pacientes atendidos em unidades hospitalares do Sistema Único de Saúde. Pesquisa qualitativa com abordagem exploratória, descritiva e de campo. Participaram da pesquisa 20 enfermeiros. Quanto à percepção dos enfermeiros sobre gerenciamento do cuidado, os enfermeiros colocam: assistência direta; avaliação diária do paciente identificando suas necessidades; cuidados com pacientes de maior necessidade e vulnerabilidade; atender as intercorrências clínicas; atualizar instrumento de acompanhamento diário do paciente e implementar os protocolos da instituição. As dificuldades no gerenciamento encontram-se no absenteísmo; estrutura física inadequada; falta de materiais; falta de reconhecimento do enfermeiro como líder; conhecimento insuficiente e sobrecarga de atividades. As facilidades são os materiais; recursos humanos; capacitação e comprometimento das equipes; assistência correta; humanização e dedicação aos pacientes. Propõem-se, capacitações que abordem temas sobre a prestação do cuidado; o gerenciamento em unidades hospitalares; liderança de enfermagem; entre outros temas, além da continuidade do estudo para avaliar a eficiência e efetividades das propostas.

Descriptores: Cuidados de Enfermagem; Enfermagem; Gerenciamento; Internação Hospitalar; Administração Hospitalar.

Introduction

The nursing professional is of fundamental importance in the development and provision of quality care to users of the Unified Health System (SUS). However, it faces barriers in developing and carrying out its professional activities in Brazilian hospitals¹.

The Federal Constitution of 1988 and Law No. 8080, of September 19, 1990, establish that the management of the SUS is based on the distribution of competences between the spheres of management. In this way, it is up to the state to promote health by choosing the appropriate control mechanisms to promote comprehensive and quality health^{2,3}.

In the decentralized model of SUS management, the union is responsible for distributing financial resources to states, municipalities and the Federal District. This mobilization takes place through a transfer called fund-to-fund, where resources from the national health fund are directed to state and municipal health funds. The amount of transfers is defined in accordance with the conditions of management, certification and qualification of the Ministry of Health programs and financial ceilings. If the competent bodies do not comply with this certification and management, the materials, investments for infrastructure and the hiring of new servers are not carried out⁴.

The SUS health team is made up of several professionals, the vast majority of the health team is composed of the nursing team (nurses and nursing technicians). According to the Federal Nursing Council⁵, regulatory body of the nursing class at the federal level, until the year 2019 in Brazil, 2,141,099 of these professionals are working. In the state of Santa Catarina there are a total of 58,676 nursing professionals, of which 14,459 are nurses.

Directing the look at the nursing team, Gelbcke and Leopardi⁶ point out that nursing deals with several situations in the hospital environment, such as excessive workload, reduced number of nursing professionals, lack of medicines and materials, inadequate work environment, precarious or absent rest environment and lack of equipment maintenance. This reality, according to the authors, makes it more difficult for professionals to develop their work efficiently and with quality.

The nurse is the professional responsible for all nursing activities such as care, teaching, research, resource management and integration between services. In care practice, nurses still have a dichotomous view of care management directly and management indirectly. The managerial practice of nurses involves many actions, from care management, knowledge management, resource management and articulation with the various services necessary to provide quality care^{7,8}.

Management theories focus on improving work processes through planning, technical aptitude, execution and standardization of services. Thus, we can cite Taylor's theory (Taylorism), which seeks the best cost/benefit for production systems. Thus, Taylor's theory and the work of nurses have a lot in common, because within hospital units there is a high demand for services that require professionals, materials and specific physical structures to

perform activities with perfection⁹. In the SUS, reality works inversely to the theory, demanding that the nurse, as a health manager, promotes quality care effectively with the minimum of necessary subsidies¹⁰.

In public hospitals linked to the SUS, the amount of resources is established by law, both to supply human resources and the material resources necessary to provide care to the population¹¹, this resource does not meet all the needs of the public health system in the tertiary service.

Faced with this reality, nurses work using creativity and competence to deliver better care and nursing care to users. Therefore, nursing professionals in a specific way, end up improvising to provide assistance that achieves quality of care¹².

From the questions about how nurses have been dealing with these challenges in the development of their work in the SUS, we sought to understand this system, having as a research question: what is the perception of nurses about the management of nursing care in hospital units of the Unified Health System (SUS)?

Therefore, the objective of the study is to identify the perception of nurses in the process of managing nursing care for patients treated in hospital units of the Unified Health System.

Methodology

This is qualitative research with an exploratory, descriptive and field approach, as it allows for a better investigation of the research objective.

The study was carried out with 20 nurses from two hospital wards, one being a ward of a public hospital of reference in cardiology and a ward of a public hospital of reference in traumatology in Santa Catarina/Brazil.

As inclusion criteria, being nurses in the staff, both sexes, working in any work shift (day or night), having at least six months of work in the institution and participating in the research. The exclusion criterion was being away from work (health reason, premium leave or vacation) during the data collection period.

Data collection was carried out in September 2019, previously scheduled with the nurses of the inpatient units of each hospital, in the sector of activity through a semi-structured interview with a script of open and flexible questions. The questions were presented to the research participants individually and recorded in audio. After the recordings, the audios were transcribed. For the interview, the participants signed the Free and Informed Consent Term (FICT), in addition to the authorization term for voice recording.

The data passed through the methodology of: ordering, classification and final analysis. The ordering included data from the participants and the interview material, with: (a) transcription of the speeches (audio recording); (b) organization of material; (c) organization of reports and classification of codes; (d) organization of collection material. A horizontal map was drawn about the research field worked¹³. After transcription, the interviews were read in order to apprehend the meanings that the subjects showed in their speeches. The lines are presented,



followed by the letter “E” and the sequential ordinal number of the study order.

The thematic analysis took place in three phases: pre-analysis, which is the organization and exploration of the material; categorization of data into theoretical or empirical categories; in the treatment of the results, the interpretation was carried out in the light of the literature. Atlas TI 8 software was used to analyze qualitative material, as a tool for encoding and storing texts in specific categories. Three categories were inferred: The nurses' perception of management and care; The nurses' conception of care management; Factors that interfere in the management of care.

The research project was developed in accordance with the rules contained in Resolution No. 466 of the National Health Council, of December 12, 2012¹⁴, submitted for analysis by the Research Ethics Committee of the Institute of Cardiology of Santa Catarina, approved under CAAE No. 18965519.4.0000.0113 and substantiated by Opinion No. 3,593,018.

Results

Initially, the professional characterization of nurses is presented, followed by the presentation of qualitative data through thematic categorization.

As for the profile of the 20 participating nurses, 17 are female and 3 are male, it appears that the female gender prevails. Regarding age, 3 participants are between 26 and 35 years old and 17 between 36 and 55 years old.

The majority of nurses' training time, that is, 12 nurses have more than 16 years of experience in the area, 4 between 6 and 10 years, 3 with 11 to 15 years of experience and only 1 nurse from 1 to 5 years of experience. In relation to age and time of activity, the presence of parallel values between age and training time can be observed.

Regarding the level of training, it can be seen that of the 20 nurses, 5 have a degree, 13 have a specialization level and 2 have a master's degree, the latter identified as the highest level of education among nurses. As for the time of activity in the institution, the majority, that is, 19 participants have been working for more than 16 years.

Nurses' perception of management and care

It emerged through questioning nurses about how they manage care and what actions they develop as nurses who manage care. The results point to a confluence of thought when describing how they manage care and report the actions they develop as a care manager.

Regarding how they manage care, the nurses' statements identify that providing direct care, performing the daily assessment of the patient, identifying the patient's needs, prioritizing care for patients with greater need and vulnerability, attending to clinical complications, updating the instrument of daily follow-up of the patient (medical diagnosis, current clinical situation, complications, checklist), implement the protocols adopted by the institution (Braden, Morse). According to the nurses' testimonies:

Moraes CLK, Lopes VH, Silveira MD, Argenta MI, Aued GK
“So at the moment that's what I need for that care, if I have to pass a probe, I prepare the materials for probing, if I get blood gas analysis, I prepare the blood gas analysis materials, talk to the patient, explain, guide why and what I'm doing [...]” (N3).

“Sometimes we have to provide or we don't have that, we do it with something else, it's always the right word, adapting the situation so that this care is well done [...]” (N18).

“I try to evaluate what I collect from the patient, what I talk to the patient, and then I plan what I'm going to do for him, what I want them to do for him [...]” (N12).

“It would be visiting all patients, reaching up to 75 patients per shift” (N16).

“I created a checklist strategy that I can write down on a sheet about all the patients, fill in everything I have to look at the patient, it is written there every question of dressing and the question of materials, if there are in the drawers, if everything is with date, if the patient has a bracelet, if he has any injuries [...]” (N19).

It is possible to perceive in the nurses' reports the confluence of thoughts on how they manage care, reporting what actions they develop as a nurse, direct patient care, care assessment, procedures performed by nurses, necessary adaptations for care and unit protocols. The prevalence of patient care, in the nurses' reports, as a form of care management is highlighted.

By systematically describing the actions they develop as a care manager, we can identify an approximation with the attributes reported above. Among the actions is the direct assistance, assessment and daily evolution of the patient, performing the specific duties of the nurse (supervision, complex procedures), training and monitoring the development of protocols.

“I have to observe what I have priorities for that moment, so my main focus always has to be patient care first [...]” (N5).

“Plan patient care, together with the nursing team, nursing technicians, nurses, and to provide better care for them [...]” (N10).

“I always try to observe not only the patient but also my employees, the difficulties they have, how they work, if they develop the patient care situation well [...]” (N18).

“I provide assistance to more complex care, such as nasoenteral tube, vesical tube, aspiration of an intubated patient, follow-up by the doctor and analyze patients [...]” (N3).

“You make an evolution of this patient, when this patient arrives from another sector, when this patient arrives from the emergency room or the surgical center [...]” (N4).

The reports of how nurses manage care converge to the actions they develop as a care manager. Being in its entirety care management practices. To understand the meaning of management in its breadth, nurses were asked about the actions developed in management in general. The reports point to assistance including assistance procedures (assessment, prescription, clinical nursing assessment and evolution) and administrative procedures (laboratory, supervision, control of psychotropic drugs, checking the cardiac arrest cart), distribution of tasks to the team,



performing complex techniques that assigned, staffing (distribution of Nursing Technicians per patient), executing protocols (Braden, Morse Scale, updating shift handover instrument), requesting consumables.

"We who evaluate the patient, we talk and we try to collect information to evaluate this patient [...]" (N12).

"It is the assistance that I apply on a daily basis, supported by my nursing prescription, without it we are lost [...]" (N18).

"So, I spend more on the assistance part at night, I end up having to call a laboratory, the morgue staff, end up doing something administrative [...]" (N4).

"High-complexity dressing is mine, high-complexity patients I attend to, prescription development is mine, so I like to assume my responsibilities as a nurse in what is my responsibility and competence [...]" (N17).

"We do the evolution of the patient with a nursing prescription and nursing diagnosis, Morse and Braden scale, which is risk of falling and risk of injury [...]" (N13).

Regarding management, in its general form, some nurses attribute management to a more administrative and bureaucratic activity, other nurses perceive management as a direct care activity for the patient. The prevalence of reports still lead to the dichotomy and fragmentation of management and care management, not being perceived by nurses that the management carried out by them is for the provision of care, still in thought they prevail in a theoretical way not being perceived in practice.

Still in this category, questions were asked about the understanding of care management. The speeches record as an assessment of the implementation of care, identifying the care and needs of the patient, and prioritizing care. In addition to coordinating, planning, systematizing, supervising and training professionals.

"Managing care is analyzing what is needed, what care is needed for that patient, seeing the priorities of each patient [...]" (N3).

"Care management is taking care of the patient, evaluating the needs he has, each patient has a different care need for different accident prevention, such as falling from the bed, understand? A different pathology, a different psychological need [...]" (N9).

"I encompass a whole, delegating functions would be coordinating the team and taking care of a whole, managing [...]" (N7).

"I think we need to think about all the planning that the nurse does in the face of the work he performs, from the moment he arrives at the unit he has to have a systematic look, and a diagnostic look at how the unit is doing [...]" (N5).

"It's having a whole survey of data and problems, then you must plan on top of these problems, so that through this planning you can develop your assistance plan [...]" (N17).

In this context, the speeches evidenced by the interviewees focus on care management practices.

Nurses' conception of management

The category was listed based on data that emerged from the questioning about their perception of the

relationship between management and care. Most nurses understand that management and care are related or interconnected. That one contributes to the other that they work in the planning of care with the ultimate goal of improving the care provided to the patient. Others still do not realize that there is a relationship.

"Management is part of the care, of the organization in the administration of the unit [...]" (N8).

"Management, for me, is more agreed in relation to the administrative part and care is that assistance that the Nurse gives with supervision of nursing care in the day-to-day with the patient [...]" (N18).

"The two are very interconnected, because the nurse manages at the same time, he also provides care, there is no way to separate the two words [...]" (N5).

"Well-provided care depends on good management, I believe that management and care are intertwined. When I think of management, I think of general management of a unit, in this case speaking of the unit where I work [...]" (N6).

Care management and management with an administrative approach in this scenario are confused and sometimes converge. It is worth noting that among the nurses participating in the research, in its entirety, it includes nurses who perform day shifts, night shifts, assistant nurses and supervisors.

Factors that interfere with care management

For some nurses, difficulties (challenges) in care management make quality care difficult, especially medical certificates, inadequate and deficient physical structure, reduced number of materials, scarce human resources, hierarchy/respect, lack of knowledge.

Another question raised in this category was an inverse proposition in which the factors favorable to care management were questioned. Predominant points were reported by nurses such as: union between nurses, available materials, adequate human resources, training, commitment of work teams, care provided correctly, humanization and dedication to patients.

It should also be noted that the study was carried out in two institutions that are attached to the same structure. Therefore, a part of the nurses point out as favorable points to a certain institution and to others as unfavorable factors in the other institution, both being administered by the same state health department.

"The main challenge is that the nurse usually stays more in the administrative care and for him the administrative one is not so close to the patient, it turns out that you perform functions of clerk, social service, and often you are not able to be so focused on the shift of twelve or of six hours, focused on patient care [...]" (N10).

"There are many challenges and one of the great challenges is a lack of knowledge of the nursing team regarding all their functions and all their attributions [...]" (N15).

"The issue also sometimes of missing materials, medication, sometimes bedding, the very structure of the unit that we are having a lot of difficulty [...]" (N2).



"People who know how to respect the hierarchy, and who often do not respect [...]" (N13).

"I think the biggest difficulty is just the number of employees, there are days when you manage to manage care better because the number of employees is enough [...]" (N11).

It is possible to perceive in the nurses' reports some divergences. Because they are two different institutions that are attached to the same structure. Therefore, when separated by institutions, in many moments the reports point out favorable points for a certain institution and for other nurses it becomes an unfavorable point. The speeches demonstrate advantages and disadvantages between institutions and in the activities performed by nurses, even though they are managed by the state health department.

When they report on favorable and unfavorable points, the opinion of nurses from both institutions shows divergences on some points. Being cited as an example for understanding, the lack of human resources as unfavorable for some, although others view it differently, as something favorable.

Discussion

The professional characterization of nurses from the two institutions in this study reveals that 97% are female. The predominance found in this study reveals a phenomenon that in turn may be cultural and educational.

According to a study, authors define that the predominance of females is motivated by cultural factors: thus, such choices, motivated by "cultural" factors, lead girls to play house and other games that stimulate the development of affective bonds and lasting relationships, while the boys are stimulated to the competition by means of the ball among others. This scenario has undergone changes that influence such cultural data in the next generations and that timidly appears in the results with 3% of males¹⁵.

The predominance also follows with greater age between 36 and 55 years, most nurses have more than 16 years of time in the institution. Due to the scarcity of new hires in public tenders, many professionals continue working until their retirement, which allows us to perceive the time of institution, older age, but within the age range of the active and working population. It is noteworthy that the experience accumulated over the years contributes to the development of assignments with greater security and agility¹⁵.

Specialization (postgraduate) as the level of training of most nurses, age and time working in the institution reveals that professionals are stabilized in their level of training, making it difficult for new knowledge and improvements. It is worth mentioning the stability conferred by the public service, as well as pre-fixed careers that do not change as the market allows stagnation.

Authors report that youth is socially seen as evidence of life, strength and space for creativity, so that the young nurse is accepted as a flexible professional in the sense that some health institutions wish in their work teams,

also the possibility of more easily adjust this professional to the respective institutional philosophies¹⁷.

In the first category, professionals report how they manage care, the actions they develop as a care manager and actions developed as a nurse manager in general and what they understand about care management. The reports are directed towards the provision of care, nurses' competences, supervision, protocols, tools developed by nurses for the provision of care and among other reports corroborating the management of care.

However, the study in turn demonstrates a difficulty for nurses in the perception of a single concept about management and care. On the other hand, there is a perception in the nurses' statements reporting their practice, their professional experience. Thus, the present study shows us that there is a dialectical relationship between management and care. For this, the nursing team must have competences, with conditions to guarantee technical-scientific rigor to the assistance, having the nurse as leader^{16,17}.

To authors¹⁸, managing and assisting are common actions for nurses, especially in the hospital environment. There is difficulty in understanding the concept of care management, as care and management actions are not understood as a single process, inducing professionals to compartmentalize actions. Many nurses find themselves overwhelmed, performing multiple functions, resulting in demands from management, which interfere with the establishment of transformational leadership¹⁹.

In this way, it is evident by the researchers the dialectic of nurses, the theory about the role of nurses in management and care are still, in the thinking of these professionals, not being noticed that in their practice the concept of management and care is a unique process.

Nursing is a profession that involves several processes from the perspective of care, management, education and research, nurses rationalize their activities, fragmenting them sometimes as assistance, sometimes as management, this fragmentation makes the articulation between management and care difficult²⁰.

When asked in the category of nurses' conception of management, the perception of the relationship between management and care, the answers are about care. However, the predominance in the nurses' answers is related or interconnected, and reflects a fragmented form of management, but corroborating the care. However, others do not have the same perception and the reports are directed towards the provision of care. There is a dichotomy about the understanding between management and care, when they say that care is the direct provision to the patient and management is the bureaucratic part, but when reporting that all the activity is for the provision of patient care this reveals to us a concept of nurses' dialectic. The need to articulate the dimensions of management and care in their activities is not yet effectively seen by nurses, as they tend to reproduce the technical division of their work at all times. We infer that such behavior comes from professional training, since the subjects are addressed by disciplines without articulation between these²¹.



Nursing care management, in its theoretical conception, involves a dialectical relationship between the know-how to manage and the know-how to care for. The dialectic of the term establishes a game of relationships that results in a dynamic, situational and systemic process, which articulates the knowledge of management and care, enabling the existence of an interface between these two objects in professional practice¹⁸.

However, the confused thinking reported by them is perceptible, and the presence of the theory learned by them in their graduation appears in a fragmented way. On the other hand, when the reports are dichotomized, the presence of dialectics in the conclusion is dominant since, in turn, all the nurses' reports converge towards the management of care. The nurse as a leader of the nursing team must be open to communication, be reflective and critical in the face of their performance. Managing nursing care requires a look that reintegrates the whole, seeking the uniqueness of the parts and the articulation between them, thinking about the care management process as a living, dynamic organism, with uncertainties and contradictions²¹⁻²³.

In a study, authors²⁴ indicate strategies on the management process, such as listing quality indicators in the provision of care, building an information system and using the team meeting space for explanation and discussion on the topic, including also on the dimensioning of nursing staff in the process of work²⁵.

Concerning the factors that interfere in the management of care, this category started the questioning about what are the challenges (difficulties) found in the management of care in the two public institutions, and what are the factors that strengthen (favorable) the management of care. In view of the nurses' reports, there was a contradiction in the answers between the two institutions, also emphasizing that the two institutions are attached to the same structure.

In Brazil, according to the Federal Constitution, it is the State's duty to guarantee health, in addition to the formulation and execution of economic and social policies, aimed at reducing the risk of diseases and other aggravations, and in the establishment of conditions that ensure universal and egalitarian action and services for their promotion, protection and recovery².

However, the challenges encountered are numerous and are repeated in the nurses' statements, among the challenges reported are the medical certificate, physical structure, materials (stock, distribution and replacement), human resources, hierarchy, respect, lack of knowledge. In the same way, nurses report as favorable factors in the institution the union for the effectiveness of care²³.

The COFEN² considers that the quantity and quality of nursing professionals directly interfere with the safety and quality of patient care, in line with the particularity of the different scenarios of health services²⁴. For nurses, it is difficult to assemble work schedules, check time off, overload the team with increased workload, among other difficulties.

In a study¹⁹, there are indications that leadership is influenced by the attributions delegated to nurses, as well as by behavioral concepts and common styles, the leader stands out for his ideas in the pursuit of common goals. Leadership translates into practice in a safe environment for the provision of quality care¹⁶.

Nurses point out that the lack of materials and supplies has been a potential that implies care management. When it comes to quality in nursing care, it is impossible for the nursing team not to have the minimum work tools at hand^{26,27}. For the National Council of Health Secretaries¹¹, the formulation of the policy for medicines, equipment, immunobiologicals and other inputs of interest to health, as well as the participation in their production, are the responsibility of managers as determined by Brazilian legislation.

The issues raised by nurses are noticeable from different points of view regarding the difficulties and facilities in the management of care. It is clear that the speeches differ in opinion, due to the reality of each hospital unit, each nurse and their peculiarities, such as work shift, sector of activity, work team and leadership. It is worth mentioning that both institutions have their demands and ways of managing, which shows for some to be favorable points and for others to be difficulties. Thus evidencing a contrast in the nurses' statements between the two institutions.

Conclusion

In the view of nurses, management and care are related and/or interconnected, however others do not have the same vision. Among the greatest difficulties in management are the quality assistance compromised by the absenteeism of the work team; inadequate physical structure; lack of materials; lack of recognition of nurses as a leader in the nursing team; insufficient knowledge; in addition to the overload of activities that fall to other professionals. As for the greatest facilities, they mention the union between nurses; the materials available; adequate human resources; the training and commitment of the teams; the assistance provided correctly; humanization and dedication to patients.

Regarding the nurses' perception of care management, they put the following attributes: providing direct care; perform the daily assessment of the patient with a focus on identifying their needs; prioritize care for patients with greater need and vulnerability; attend to clinical complications; update the patient's daily monitoring instrument (medical diagnosis, current clinical situation, complications, checklist); implement the protocols adopted by the institution (Braden, Morse).

It is important to emphasize that the divergent results found in the study occurred because the subjects of our study work in two inpatient units that each belong to different hospitals (cardiology and traumatology) that share the same building. Each hospital receives different administration despite being administered by the same state health department, facts that contribute to the distorted



perception that management and care are interconnected or separate.

It is suggested that nursing managements identify the differences in treatment regarding issues related to physical resources, personnel and materials received in the two hospital structures and that strategies be drawn up that mitigate this differentiation, since they belong to the SUS and are managed by the same manager.

It is proposed, training with the nurses of the two hospital structures and that topics that help to improve the provision of care are addressed; management in hospital units; nursing leadership; among other topics, in addition to the continuity of the study in order to evaluate the efficiency and effectiveness of the indicated proposals.

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