

NECESSIDADE DE REMANEJAMENTO ENTRE SETORES: PERCEÇÃO DOS TÉCNICOS DE ENFERMAGEM EM UM HOSPITAL

THE NECESSITY OF WORK REASSIGNMENT BETWEEN SECTORS: PERCEPTION OF NURSING TECHNICIANS IN A HOSPITAL

NECESIDAD DE REUBICACIÓN ENTRE SECTORES: LA PERCEPCIÓN DE LOS TÉCNICOS EN ENFERMERÍA EN UN HOSPITAL

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RESUMO

Objetivo: Analisar as percepções dos técnicos de enfermagem de um hospital de pequeno porte sobre o remanejamento entre setores. **Método:** Pesquisa descritiva, com abordagem qualitativa, em que os dados foram coletados por meio de entrevistas com trinta técnicos de enfermagem, utilizando-se o método de saturação. O material foi analisado a partir da análise de conteúdo proposta por Bardin. **Resultados:** Os resultados apontaram que o remanejamento é considerado, pelos colaboradores, uma situação eventual e necessária à rotina de trabalho. Entretanto, pode-se observar que causa desconforto à equipe e que deve ser realizado com critérios que não impactem no processo de trabalho dos envolvidos. Os pontos negativos elencados pelos colaboradores, neste processo, foram a sobrecarga de trabalho e a mudança de setor, entretanto os mesmos citaram a possibilidade de aprendizado e aperfeiçoamento profissional, como pontos positivos do remanejamento. **Conclusão:** O remanejamento é percebido como parte da rotina pelos profissionais, sendo necessário um investimento, por parte da gestão, para prevenir situações de desconforto e desarranjos que impactem na saúde ocupacional de seus colaboradores bem como na qualidade da assistência de seus pacientes.

Descritores: Enfermagem; Gestão em saúde; Prática profissional; Administração de recursos humanos em hospitais.

ABSTRACT

Objective: To analyze the perceptions of nursing technicians in a small hospital in Belo Horizonte about work reassignment between sectors. **Method:** This was an exploratory study with a qualitative approach in which the data were collected through interviews with thirty nursing technicians by applying the saturation method. The data were analyzed through the content analysis proposed by Bardin. **Results:** The results indicated that work reassignment is considered by employees as an eventual and necessary event in their work routine. However, it is noticed that it causes discomfort to team members and must be carried out with criteria in order to not impact the work process of those involved. The negative aspects mentioned in this process were work overload and sector change. However, the participants mentioned the possibility of learning and professional development as positive aspects. **Conclusion:** Work reassignment is perceived by professionals as part of the work routine, requiring an investment by the management to prevent discomfort and disarray situations that impact the occupational health of employees and patients' quality care.

Descriptors: Nursing; Health management; Professional practice; Personnel administration, Hospital.

RESUMEN

Objetivo: Analizar las percepciones de los técnicos de enfermería de un hospital pequeño acerca de la reubicación de sectores. **Método:** Se trata de una investigación exploratoria, con enfoque cualitativo, en el que se recogieron los datos a través de entrevistas con treinta (30) técnicos de enfermería, y se utiliza el método de saturación. Todo el material fue analizado a partir del análisis de contenido propuesto por Bardin. **Resultados:** Nuestros resultados mostraron que la reubicación es considerada por los empleados como sea posible y necesario en la situación de su rutina de trabajo. Sin embargo, se puede observar que esto causa molestias al equipo y debe llevarse a cabo con criterios que no impactan en el proceso de trabajo de los involucrados. Hay aspectos negativos de este proceso como la carga de trabajo y el cambio de sector. Sin embargo, los participantes se refirieron a la posibilidad de aprendizaje y desarrollo profesional. **Conclusión:** La reubicación se percibe como parte de la rutina profesional, que requiere una inversión de la dirección para evitar situaciones de malestar y trastornos que afectan a la salud en el trabajo de sus empleados y la calidad de atención a sus pacientes.

Descriptor: Enfermería; Gestión en salud; Práctica profesional; Administración de personal en hospitales.

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INTRODUCTION

The institutionalization of nursing as a profession, beginning in the mid-nineteenth century, has led to a reorganization of work processes. In Brazil, the technical division of nursing gave rise to different categories such as technicians, nursing assistants, and midwives. Thus, increased autonomy is guaranteed to the professional nurse who becomes responsible for the exclusive performance of activities related to teaching, supervision of nursing services, critical patient care, and work routine management⁽¹⁾.

Nurses take on complex activities, often having to deal with adverse situations and/or events in which the decisions and responsibilities must be shared with the team in favor of the institution⁽²⁾.

Several activities are essential for the good performance of care in a hospital environment such as scheduling of shifts and work reassignment of professionals among other services considered administrative⁽³⁾. Conflicting problems and situations, such as the absence of one or more team members during the work shift and sick leaves, occur in this context and may reflect on the quality of nursing care as well as on the whole work process⁽⁴⁾.

When absenteeism overcomes work planning, it is necessary to reassign professionals among hospital service sectors, which may negatively impact the satisfaction of the professionals involved⁽⁵⁾. In addition, the absence of one or more members of the nursing team can contribute to work overload on other professionals increasing their physical, psychological, social, and spiritual burnout, and consequently, increasing the risk of work-related accidents⁽⁵⁾.

To ensure an efficient care, it is necessary to reflect on the health and quality of life of nursing technicians who are directly related to the provision of patient care in the hospital by considering the hours worked, quality of the work environment, and technologies employed among others⁽⁶⁾. Therefore, it is always necessary to provide spaces and decisions that guarantee professional satisfaction even with non-scheduled absences and the need for work reassignments.

The dissatisfaction of professionals with the process of work reassignment and working hours in the hospital environment is not a difficulty faced only in Brazil. Studies in countries such as Germany and Finland^(7,8) report the

generation of conflictive and unsatisfactory situations in this area particularly when the work schedule is not fixed, which contributes to a great extent to the wear and tear of nursing team members.

Thus, the relevance of knowing more about the aspects related to the work reassignment of nursing technical professionals from the point of view of these subjects stands out. It is believed that this knowledge will allow the development of strategies that minimize possible impacts during reassignment events benefiting both employees and institutions in order to maintain quality assistance to the institutionalized client.

Therefore, the question that arises is: what are the perceptions of nursing technicians regarding work reassignment? This study analyzed the perceptions of nursing technicians in a small hospital about work reassignments between sectors.

METHODS

This was a descriptive study with a qualitative approach conducted in a small public hospital that is the state's reference for infectious diseases in adults, located in the capital of the state of Minas Gerais.

This proposal works with subjective aspects, making it possible to analyze the information collected by data surveyed from different perspectives⁽⁹⁾. The study was carried out with nursing technicians, who were assigned to work in the hospitalization areas and on day and night shifts. The inclusion criteria were being a nursing technician, been submitted to work reassignment more than once during his professional activity or in the last six months, working in the hospitalization sector, and agreeing to participate in the study. Nursing technicians working in the intensive care unit were not included in the study because they are not submitted to work reassignment according to the institution's internal policy.

Interviews were conducted with thirty nursing technicians according to their availability within a universe of 96 professionals. The interviews were interrupted based on the data saturation criterion according to Minayo et al.⁽¹⁰⁾, which considers the number of subjects that demonstrates speech recurrence without neglecting odd information whose explanatory potential has to be taken into account. The subjects were numbered in the order of

interviews as NT, an acronym for Nursing Technician. Data were collected in January and February of 2016 during the participants' work shifts using a scripted semi-structured interview; responses were recorded on digital media and transcribed for later analysis. The use of interviews favored the acquisition of information contained in the participants' speeches providing data regarding facts, ideas, beliefs, opinions, feelings, conducts, or behaviors⁽¹⁰⁾.

The content analysis of the interviews was based on the epistemological referential proposed by Bardin⁽¹¹⁾ characterized by a set of methodological instruments that can apply to extremely diversified discourses. This type of analysis has a set of techniques of communication analysis as the main reference that can use systematic procedures and objectives of the description of contents presented in the analyzed messages. The three phases proposed by Bardin⁽¹¹⁾ were followed to categorize and analyze the data: (1) to establish units of analysis; (2) to determine the categories of analysis; and (3) to select a sample of the material for analysis.

The study complied with the ethical principles of research with human beings stated in resolution 466/2012 and was approved by the Research Ethics Committee Involving Human Beings of the Eduardo de Menezes Hospital/HEM/FHEMIG according to opinion number 1 018 207/2015.

RESULTS AND DISCUSSION

The process of surveying the profile of interviewees began from the collected data. The study participants were predominantly females (80%) at ages between 27 and 58 years. Regarding their functional situation, 83% have worked in the hospital for less than 5 years, 7% from 5 to 10 years, and 10% for more than 10 years.

The analysis of interviews allowed to group speeches according to nuclei of meanings, which originated three categories: concept/perception of nursing technicians about work reassignment; positive aspects about reassignments; negative aspects about reassignments.

Concept/perception of nursing technicians about work reassignments

Personnel work reassignment is a widely used practice in health services, especially in hospital institutions. Even in a sector where planning is evident, and the scheduling is well

elaborated, there is the possibility of absences generating the need to redistribute work and professionals. When the study participants were questioned about what work reassignment is, a certain coherence was present regarding the understanding, which may be related to their experiences acquired during their professional experience as well as their daily lives. Participants understand various actions involved in work reassignment that are considered fundamental such as the need for adaptation, limited workforce, equity, and replacement, which sometimes cause discomfort.

TE 15: "[...] it is when one sector is deprived of one professional, and there is a need of help from another from another sector ...".

TE 1: "[...] it is matching the number of professionals in each sector to be a fair situation".

TE 9: "[...] a sector that is in need of a professional at the moment for the good of the patient".

TE 7: "[...] it is for you to be adapting to different sectors, different routines, different patients".

Therefore, there is an understanding about the possibility of an absence of a team member and that work reassignment is a need and real situation within the nursing teamwork process. Although the characteristics provide different feelings in nursing technicians, most understand the need for work reassignment but emphasize the importance of having established criteria for reassignment to be conducted in an equal and balanced fashion. They recognize the importance of defining such reassignment in an organized way.

TE 5: "[...] it is important to be a balanced event based on criteria."

TE 14: "[...] I have no problem with that, but the process should follow some criteria to make it fair."

Nursing professionals represent the largest workforce of hospital institutions and, in fact, carry out activities ranging from direct care to patients to management actions. Thus, it is important that this process be well conducted in order to minimize possible negative impacts caused by the absence of team members. In this perspective, the role of the nurse is essential to minimize conflicts generated in work reassignments⁽¹²⁾. The nurse responsible for the decision-making process should seek coherence and expertise at this moment, taking into account organizational aspects, personal aptitudes, the

pursuit of resoluteness and quality, preserving the team's occupational health.

Strategies are needed to mitigate possible impacts on the quality of care provided, maintaining or enhancing an adequate level of satisfaction among those involved. Resolution 543 of 2017 of the Federal Nursing Council (COFEN) considers that it is always necessary to ensure an uninterrupted continuity of developed activities and team diverse performance in order to guarantee the safety and quality of the client's assistance within the framework of nursing professionals⁽¹³⁾. Therefore, the necessary conditions are maintained to avoid the vulnerability of those involved throughout this process.

A resource used in the studied hospital and evidenced by the group in the interviews was the implementation of a fixed work reassignment schedule. This schedule was initially implemented in the daytime shift of the hospitalization unit in order to minimize conflicts. In this process, it was agreed within the team that a professional, previously scheduled on each shift, would participate in the reassignment. It can be observed in the speeches of these professionals that the definition and deliberation of the method were well accepted.

TE 9: "[...] it is much better now with the fixed schedule...".

TE 10: "[...] now, the work reassignment occurs in a calmer way, which represented a gain for me when the reassignment schedule is predetermined...".

It is observed that the fixed-schedule proposal was accepted, which avoids situations of disagreement or discomfort among team members of the day shift. However, there was no consensus on this issue among the nursing technicians. The speeches of the night shift professionals showed that they did not adhere to this proposal, which could lead to conflicts and incongruities between teams.

TE 13: "[...] I think that organization is lacking about how this can happen."

TE 17: "[...] I think this is a little disorganized here ...".

TE 23: "[...] this here in the hospital does not work well. There is always an argument, [...] there has to be a better dialogue, and people need to be more united and able to do these kinds of thing ...".

Thus, the existence of divergence of opinions is clear between teams of different shifts in the decision taken by the hospital

management. The study participants identify an incipient communication about the deliberation of the case and are dissatisfied with the definition of work reassignment. It is important to point out that different understanding about the process of personnel work reassignment may occur and that, factors such as independent sectors and shifts, may require an expanded view from management.

One way to avoid such dissatisfactions and, consequently reduce conflicts, is the planning that can be subsidized by the dimensioning of the nursing staff. A well-designed dimensioning plan is based on the institution's characteristics, its nursing professionals, and the assisted clientele. The dimensioning constitutes "the adequacy of the personnel in quantitative and qualitative terms"⁽¹⁴⁾ and aims to "predict the number of professionals per category required to meet directly or indirectly the needs of nursing care to patients"⁽¹⁴⁾.

Dimensioning is a quantitative analysis that takes into account the number of patients in the period, including a possible oscillation, and the workload generated by the patients to the nursing team⁽⁵⁾. When properly applied, the dimensioning of the nursing staff provides professionals with adequate conditions to carry out their activities in an efficient manner.

Positive aspects about work reassignments

When questioned about the positive aspects about work reassignment, the participants highlight the importance of not creating harm to patients and the need to make the best decision so that the process of work reassignment, in this type of situation, does not have a negative impact on the quality of service provided.

TE 17: "... the patient's need should not suffer any consequence due to the absence of a professional ...".

TE 8: "[...] to meet the need for hospital patient demand".

TE 5: "Teamwork, without overloading a good work progress in the sector; that would be providing good care to patients."

It is emphasized that the quality of patient care is understood by nursing professionals as a product that leads to the full attendance of the needs of patients and professionals⁽¹⁵⁾. In addition to this aspect, the participants also point to the benefits of this process, which are often acquired in these situations of change, such as professional team growth caused by the search for

resoluteness against any lack and, consequently, the improvement of teamwork that reflects in reducing work overload.

TE 4: "I think you grow, learn, and have contact with new clinics and new equipment [...]".

TE 10: "[...] the sectors are covered, and this brings a sense of security to the professional on duty [...]".

TE 16: "It would be a more united and quiet working routine, making us able to better divide tasks with colleagues".

In the hospital routine, the nursing team encounters different situations such as fear, power relations, conflicts, long working hours, anxiety, stress, living with life and death, and tensions among many others. Given this scenario, it is indispensable that managers understand the work of nursing teams in an expanded way, considering the different aspects involved in the provision of care and the physical and mental health of all his collaborators⁽¹⁶⁾.

Even in adverse situations, the professionals realize that they can build something positive; they can improve, either individually or collectively. The work also provides moments of satisfaction because, at work, the human being builds a life and inserts himself in the world not only as a way of surviving but also for personal and professional fulfillment⁽¹⁶⁾.

It is important that the work reassignment process is consistent and well discussed among those involved in order to activities to be developed in the best possible way. The management processes that involve workers are able to create solidarity and participative bonds that attend to the anxieties of those involved, often changing assistive models. Democratic spaces can lead to the humanization of practices, leading to greater resoluteness and reducing the indexes of occupational problems⁽¹⁷⁾.

Negative aspects about work reassignments

The overload caused by work reassignment to professionals due to the absence of one or more team member was understood by the study participants as a factor that generates discomfort in the working environment.

TE 14: "[...] you must look at the criteria because sometimes you relieve one sector and overload another."

It is important to evaluate a determined excessive workload because it impacts professionals physically and psychologically⁽¹⁸⁾. Associated with

this context, other reflections are observed in the speeches about these reassignments such as difficulties of adaptation in a different sector or with another team, and the discomfort caused by the breakdown of unknown barriers.

TE 2: "[...] you are suddenly moved to another environment and have to adapt again [...]".

TE 3: "[...] this professional has to adapt to the sector's routines ... he has to relearn because the procedures are the same but the routines are different."

Every change generates some discomfort; however, once these events become recurrent, the nurse is required to develop the ability to deal with this type of situation. Programmed changes among professionals in sectors with the highest incidence of absentees can minimize the impact of different routines associated with effective actions of permanent education.

Other aspects negatively marked by the participants were the lack of objectivity in the reassignment proposal and consequences generated by the time spent between detecting the need for reassignment and its effectiveness. The interviewees believe that this situation is detrimental to patient care.

TE 10: "[...] the negative points revolve around the time spent between the definition of being reassigned or not."

TE 17: "[...] the delay in medication, delay in patient orientation ... There, you arrive at 9 or 10 o'clock in the morning, and the patient already had breakfast and did other things."

TE 27: "[...] when the professional arrives and picks up that schedule and has started working and then has to be reassigned and start all over again [...]".

It is important to realize that when professionals are dissatisfied or overwhelmed in their work environment, they feel devalued and unmotivated⁽¹⁹⁾. This context directly impacts on the efficiency of the work process because satisfied employees tend to be less absent and to perform their functions with increased interest⁽¹⁷⁾.

There is a tendency in work environments to become inhumane in institutions where adverse situations occur often⁽¹⁷⁾. Associated with this, there are still routinized procedures with little resoluteness that associated with the use of disrespectful forms in professional relations lead to aggravated situations that increase the possibility of risks and vulnerability.

Therefore, it is necessary to reflect on this context that is quite common in hospital institutions, and in the management of work processes. This reflection can favor the prevention of problems related to a decrease in the quality of the nursing service and an increase in occupational risks.

FINAL CONSIDERATIONS

In nursing, the reflections on topics that permeate organizational relationships tend to be historically not treated in depth, given the small number of publications that deal with the proposed theme, which can be punctuated as a limitation in this study.

This study allowed us to evaluate that the perceptions of nursing technicians about work reassignment are related to their professional experiences and that this practice has a great impact on the work process. Hence, work reassignment is perceived by the subjects of this study as uncomfortable, although there is an understanding of the need for such adjustment.

Therefore, a closer approximation and discussion between team members and institutional management is necessary to minimize the impacts caused by these events also allowing nursing professionals to have space for a more active participation in the decision-making process.

Strategies such as mapping sectors where the incidence of need for work reassignment is greatest, monitoring employees who resort to absenteeism for different reasons, constructing consistent indicators, and promoting the improvement of internal communication associated with an effective permanent education process tend to generate good results.

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