

MANAGEMENT OF NURSING CARE IN HEMOTHERAPY IN A HOSPITAL NURSING SERVICE

GERÊNCIA DO CUIDADO DE ENFERMAGEM NA HEMOTERAPIA EM SERVIÇO HOSPITALAR DE ENFERMAGEM

GESTIÓN DE LOS CUIDADOS DE ENFERMERÍA EN HEMOTERAPIA EN UN SERVICIO DE ENFERMERÍA HOSPITALARIA

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Objective: analyzing the management of nursing care in hemotherapy in a university hospital. Method: a descriptive, exploratory study with a qualitative approach conducted with 29 nurses from the University Hospital of Belém, Pará, Brazil. Semi-structured interviews were applied between August/2018 and January/2019. The collected data were submitted to thematic content analysis. Results: coordination of care/supervision and provision of complex care were the most mentioned actions regarding hemotherapy procedures. Team dimensioning, Materials management, Nursing care planning and Evaluation of the results of nursing actions were actions absent in the nurses' statements. Training/education of the team was weakened. Leadership was not explicitly mentioned, but it could be present, albeit in a fragile way. Final considerations: the actions most represented in the nurses' statements were related to the technical competencies acquired in the formative context, while the less mentioned actions were related to the competencies and skills that commonly permeate gaps in formal education.

Descriptors: Nursing. Nursing Care. Nursing Service. Hospital. Hemotherapy Service. Health Management.

Objetivo: analisar a gerência do cuidado de Enfermagem na hemoterapia em um hospital universitário. Método: estudo descritivo, exploratório de abordagem qualitativa, realizado com 29 enfermeiros de Hospital Universitário de Belém, Pará, Brasil. Foram aplicadas entrevistas semiestruturadas entre agosto/2018 e janeiro/2019. Os dados coletados foram submetidos à análise de conteúdo temática. Resultados: Coordenação do cuidado/Supervisão

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e Prestação do cuidado complexo foram as ações mais mencionadas quanto aos procedimentos hemoterápicos. Dimensionamento da equipe, Gestão de materiais, Planejamento do cuidado de enfermagem e Avaliação dos resultados das ações de enfermagem foram ações ausentes nas falas dos enfermeiros. Treinamento/educação da equipe mostrou-se fragilizado. Já Liderança não foi mencionada explicitamente, mas pôde estar presente, ainda que de forma fragilizada. Considerações finais: as ações mais representadas nas falas dos enfermeiros estavam relacionadas às competências técnicas adquiridas no contexto formativo, enquanto as ações menos mencionadas relacionaram-se às competências e habilidades que comumente permeiam lacunas da educação formal.

Descritores: Enfermagem. Cuidados de Enfermagem. Serviço Hospitalar de Enfermagem. Serviço de Hemoterapia. Gestão em Saúde.

Objetivo: analizar el manejo de los cuidados de enfermería en hemoterapia en un hospital universitario. Método: se trata de un estudio descriptivo, exploratorio con enfoque cualitativo realizado con 29 enfermeras del Hospital Universitario de Belém, Pará, Brasil. Se aplicaron entrevistas semiestructuradas entre agosto/2018 y enero/2019. Los datos recopilados se sometieron a análisis de contenido temático. Resultados: la coordinación de la atención/supervisión y la prestación de cuidados complejos fueron las acciones más mencionadas con respecto a los procedimientos de hemoterapia. El dimensionamiento del equipo, la gestión de materiales, la planificación de los cuidados de enfermería y la evaluación de los resultados de las acciones de enfermería fueron acciones ausentes en las declaraciones de las enfermeras. La capacitación/educación del equipo se debilitó. El liderazgo no se menciona explícitamente, pero podría estar presente, aunque de una manera frágil. Consideraciones finales: las acciones más representadas en las declaraciones de las enfermeras se relacionaron con las competencias técnicas adquiridas en el contexto formativo, mientras que las acciones menos mencionadas se relacionaron con las competencias y habilidades que comúnmente impregnan las brechas en la educación formal.

Descriptores: Enfermería. Atención de Enfermería. Servicio de Enfermería en Hospital. Servicio de Hemoterapia. Gestión en Salud.

Introduction

Hemotherapy is considered as the therapeutic use of blood in its entirety or through its components and derivatives, and may occur in a scheduled, routine or urgent and emergency manner⁽¹⁻²⁾. Its potential to save lives and contribute to the stabilization of individuals in conditions of hemodynamic instability is unquestionable, being considered as a modern and relevant therapeutic technology⁽¹⁻³⁾.

The medical professional is the technical responsible for the hemotherapy service and it is responsible for the indication of transfusion to compliance with technical standards. The nursing team, in turn, has an impressive performance in all stages of the blood cycle. The nurse competes for actions from the capture of blood and its components to transfusion and disposal of waste. The importance of this professional occurs not only in the technical execution of the procedures, but also in the planning and supervision of the nursing team under their guidance⁽¹⁻²⁾.

Considered the last stage of the blood chain, in which the infused intake is infused into the

recipient, the transfusion technique is a complex moment. It should be considered that every transfusion can generate a transfusion incident, thus requiring nurses and a multidisciplinary team with adequate knowledge to recognize and address the complications⁽⁴⁾.

The adequate nursing knowledge and skills, used in a timely manner, are an efficient way to ensure the safety of the transfusion process. This capacity is fundamental to ensure proper professional performance, as well as to prevent the occurrence of unwanted situations in the therapeutic process⁽⁵⁾. Nursing, responsible for promoting competent, resolute and safe care, is therefore essential for the success of this process⁽²⁾. Thus, it is up to nurses to remain vigilant for the appearance of incidents that may occur during the transfusion process, to act attentively and immediately⁽⁴⁾.

A nurse's attribution, which is related to the quality of nursing action, promoting better working and acting conditions, is the management of care. Discussing care management, in this

sense, contributes to the expansion of reflections regarding the triad of care-manage-educating from the perspective of nursing care⁽⁶⁾.

In a study related to nursing care management, researchers listed eight actions, in which, through description, the connection and complementarity between care, management and education for nursing care praxis was evident, as well as their importance in academic and simultaneous/posterior training to practical application. This study addresses the following nursing care management actions: *Nursing care planning; Provision of complex care; Team sizing; Coordination of care/Supervision; Training/education of the team; Leadership; Materials management; and Evaluation of the results of nursing actions*⁽⁶⁾.

Considering the management of nursing care in the hemotherapy service as essential for the adequate and safe practice of transfusion, in the light of the actions of Care Management in the professional practice of the nurse listed above⁽⁶⁾, the question is: How does the management of nursing care occur in hemotherapy? Thus, the aim of this article is to analyze the management of nursing care in hemotherapy in a university hospital.

Method

It is a descriptive, analytical, qualitative study. This investigation was conducted and structured based on the Consolidation Criteria for Qualitative Research Reports (COREQ in Portuguese)⁽⁷⁾. It was conducted in a University Hospital Complex located in the Northern region of Brazil.

The study site was a medium-sized hospital, a state reference in Infectious Diseases, Oncology, Endocrinology and Diabetes, managed by the Brazilian Hospital Services Company (BHSC), which offered medium and high complexity care. It had 108 nurses in its professional staff.

For the study, an intentional sample was highlighted. Twenty-nine nurses were interviewed in the medical clinic, infectious diseases and intensive care sectors, as they are the ones who most use the hemotherapy service. As

inclusion criteria, it was a nurse, with functional bond, crowded in the unit under study, acting in direct care. Nurses temporarily assigned to the investigated hospital units, vacation professionals or graduates for any reason during the data collection period were excluded.

After the research protocol, the first author contacted the general nursing supervision of the Hospital, to give research science and obtain permission to start data collection. In a second moment, this same author presented herself in the clinics, requested the participation of nurses in the three work shifts and provided information about the objective of the research.

Data collection, through an interview with a semi-structured script, occurred between August 2018 and January 2019, with prior scheduling, according to the availability of the participants. It was held in private places in the workplace itself, after signing the Free and Informed Consent Form (TCLE in Portuguese) and the Recording Term, lasting between 4 and 21 minutes. The interviews were recorded on a cell phone device, with prior authorization, and later transcribed to word document and sent to participants for content validation.

At the time of collection, we sought to identify the difficulties and operational limitations of nurses, which could interfere in the quality of hemotherapy care. Thus, it was possible to explore the knowledge and perception of the professional regarding the exercise of supervision and, in this sense, it turned to managerial issues.

The interview script contained characterization variables, such as: gender, professional training, employment relationship, forms of access to knowledge about hemotherapy and laws regulating the practice in academic and professional life. A pilot test was conducted in July 2018, which confirmed the suitability of the instrument for the investigation.

After the validation of the content of the interviews by the participants, the data were analyzed using the content analysis technique⁽⁸⁾. The stages of pre-analysis, analytical description and treatment of the results, inference and interpretation allowed the identification of three

categories, namely: Perception about the work process of nurses in the institution; Nurse's technical knowledge about hemotherapy; e Management of nursing care in hemotherapy.

In this article, the findings related to the first and third categories are presented in an articulated way, discussed in the light of the actions of Care Management in the professional practice of nurses: *Planning of nursing care; Provision of complex care; Team sizing; Coordination of care/Supervision; Training/education of the team; Leadership; Materials management; and Evaluation of the results of nursing actions*⁽⁶⁾.

Thus, the actions of Care Management present in the management practices of nursing care in hemotherapy and actions of Care Management absent or weakened in the management practices of nursing care in hemotherapy will be discussed.

The study followed the recommendations of Resolution n. 466/2016, of the National Health Council, and was approved by the Research Ethics Committee of the *Hospital Universitário João de Barros Barreto*, Opinion n. 2,165,945/2018. The anonymity of the participants was preserved using the acronym "NUR" by a participating nurse, followed by an increasing Arabic number, according to the order of participation in the study.

Results

Twenty-nine nurses aged between 26 and 55 participated in this study, with the age group from 41 to 45 (24%) and females (69%). Regarding the time of training, the oldest professionals were between 30 and 35 (21%) and the younger ones, up to five years of training (7%). More than a quarter of the participants (27%) indicated working time between 6 and 10 years, the same percentage of professionals working for more than 20 years. Of the total number of participants, 15 reported being BHSC servers (52%) and 14 were from the University (48%). More than half of them (62%) had only one employment relationship.

As for the Training Institution, 19 (65%) were graduates of public institutions of higher

education, 11 (38%) from state institutions and 8 (28%) from federal institutions.

According to the content analysis of the interviews conducted, it was identified, in relation to the Practices of Management of Care in Hemotherapy, that the participants stated to perform two (*Coordination of care/Supervision and Provision of complex care*) of the eight care management actions investigated in the study, as presented below.

Care Management actions present in nursing care management practices in hemotherapy

Coordination of care/Supervision was the most mentioned action by nurses regarding hemotherapeutic procedures. However, it cannot be considered that it is a consensus action, considering that some of them understood that there was no standardization of conducts.

Well, basically, what we do is supervise [...] the nursing services [...] we make good care of medications [...] the complications that occur during the course of duty, where we provide all our assistance [...] I think that's it. (NUR 2).

Yes. In the case of transfusion, we seek [...] it is one of the priorities right, when the doctor requests the transfusion, so I have to prioritize. So I have to see if this patient has a sample or not, okay? That I ask the technician, that he harvest sample. I'll see [...] be careful to [...] see the identification of the request with the collection, supervise so that the technician, he is identifying [...] the collector fraction, okay? He also has to sign the guide or [...] the form [...] of the request collected by him and forward and wait [...]. (NUR 4).

I have to look! I have to look, because if it has not well filled, especially [...] behind the signature of the patient authorizing [...] will return from the service. So we have to do it. (NUR 6).

But I realize we don't have a single orientation. Looks like there's a lot of people shooting at each side. So I realize, in our daily activity, the lack of an operational standard [...]. (NUR 14).

In the routine of hemotherapy services, nurses also mentioned the *Provision of complex care*.

In summary, my duties here, as a care nurse [...] is summarized in providing direct care [...] to patients, especially to the most complex patients both in therapy and in the provision of care even [...] injuries and general complexity and [...] it is generally summarized in these aspects. (NUR 11).

My routine, in general, I get [...] I take the shift of the colleague, both male and female, then [...] I share those patients. We spend the visit, see the patient's situations, see the probe, see food, see the curative situation; who has

complex dressing, we arrange tray, wait for the technician to give bath and make the dressings complex. Then we will see the complications, usually the scale is for complexity, it also requires a little time for us to do, and then we will make the evolution of these patients. And then, in the course of duty, comes the pleasantness of medications, problems to be solved in the pharmacy, blood transfusions that arrive. Interaction with the multidisciplinary team is routine [...] are several routines. (NUR 6).

Care Management actions absent or weakened in nursing care management practices in hemotherapy

Aspects of team sizing and material management were not mentioned in the nurses' statements, as was the mention of *nursing care planning and evaluation of nursing outcomes*. *Leadership* has not been explicitly mentioned but may be being exercised in a fragile manner. When highlighted, it was not from the perspective of influence, but from the perspective of attributions, suggesting that a style centered on tasks and not on people is adopted.

I think the legislation already puts it as the nurse's assignment. When the nurse puts that to someone else, it's hard for me to change an institution's routine. When you delegate an assignment of yours, you lose your space. (NUR 6).

I understand that the whole process is exclusively the nurse's. So I, from other hospital routines [...] if my patient is going to have a transfusion, I like to receive the bag, check the blood typing of the bag, along with the agency form. (NUR 12).

The *Training/education of the team* also seems weakened by the nurses' own difficulty regarding knowledge about hemotherapy. It was possible to perceive the insecurity of these professionals with the coordination of care because they did not receive training.

Training anyway, I never had. (NUR 14).

I have not had access and I am also deepening on this subject, to know if there is a standard blood transfusion protocol, step by step, possible identifications of transfusion reactions [...] (NUR 11).

Training. It could even be in service. In-service training for the whole team: nurses, technicians. (NUR 16).

Several times, it was pointed out the need for material production, such as the elaboration of protocols and manuals of standard procedures for hemotherapy.

I suggest a protocol of technical instructions on how to proceed a flowchart, how each step goes, how it proceeds, training with the team. With regard to this, let someone come, talk to us how it works, how it goes, when I need blood, how I do it, who signs, who gets it, who doesn't get it. (NUR 19).

I think I should have a job focused more specifically on their awareness, of the dangers of transfusion, that reactions can happen, because they are not aware of it. (NUR 10).

Continuing education with employees, and with us as well, because new things are always coming in, there are always changes in legislation and care for this patient. I think it's important for HEMOPA to bring it to us. (NUR 24).

Discussion

In the hospital environment, the exercise of the nurse's function in the care of critically ill patients is extremely important and is linked to the *Coordination of Care/Supervision*⁽⁶⁾. Thus, this professional assumes responsibilities for the development of such a function, which can be faced as a great challenge. To meet these demands and direct strategic decisions in the work environment, nurses must continuously invest in their personal and professional growth, considering that the performance of the coordination function requires specific knowledge and skills for better care delivery⁽⁵⁻⁶⁾. In this sense, the coordination of care is defined by the ability to integrate all the care that the patient receives at different points, with the objective of providing continued care, through management among services⁽⁹⁾.

Another practice evidenced in the professional context of nursing managers working in the hemotherapy service studied was the *Provision of complex care*, in which the team's work was presented by the participants differently, by complexity of procedures. This dynamic is justified because the performance of complex nursing procedures is the exclusive competence of nurses, since their training includes adequate technical preparation to meet such needs of restricted groups of clients, which require critical health care⁽²⁾.

It is known that there is, in the literature available by both the Federal Nursing Council (COFEN in Portuguese)^(2,10) and the Ministry of Health^(3,11-12), through regulatory norms,

conceptual frameworks, guides, protocols, ordinances and manuals, different information involving the management of the care expected of the nursing professional.

The evidence presented in this study, by identifying the misstep between nursing education and practice, only reiterates the findings of a study on nurses' practices in nursing and health care management⁽⁶⁾, in which, often, the training provided does not converge to the quality of care provided. It is emphasized that the fragility in the acquired knowledge, the low skill in its practical implementation, as well as the difficulty in adding new knowledge after the period of formal education, generate great distance between the links that make up the triad to take care-educate, essential for the success of the realization of care.

Thus, it is perceived that, as in all health services and hemotherapy especially, it is also essential to achieve safety and obtain quality products and services, given their effectiveness and safety have major influence on the customer's prognosis. However, even though it is a proven effective procedure, it involves epidemiological risks^(3,13). The effective of blood transfusion in a safe and qualified manner, through standardization of processes and establishment of norms and conducts, enables greater organization and control in the managerial and care role of nurses⁽⁵⁾.

It was evidenced, in the speech of only one nurse, the allusion to the management of work scales, but this instrument cannot be given the formal title of *Dimensioning of the nursing team*, which, when establishing the minimum parameters for the calculation of nursing professionals of various categories, presents criteria and parameters necessary for the appropriate dimensioning⁽¹⁴⁾. Studies⁽¹⁵⁻¹⁹⁾ bring two relevant considerations when it comes to this subject in nursing. First, that organizations, for financial and administrative reasons, often choose to keep in their staff an expanded number of nursing technicians to the detriment of higher education professionals. As a part, the focus is on reducing the institution's financial

expenditures. As a part, the focus is on reducing the institution's financial expenditures. Another relevant consideration also pointed out is that the adequate dimensioning of the nursing team directly affects the quality of care provided.

Leadership contributes not only to the development of the professional who performs it, but also to the coordination and articulation of activities involving the production of care⁽⁶⁾. The ability to lead consists of one of the main competencies to be developed by nurses in the hospital context, because the constant technological changes and the permanent need for attention of the clientele require new skills of these health professionals and cause, as an immediate consequence, transformations in their work process⁽²⁰⁾.

Studies on leadership and management in nursing in the hospital environment indicate that nurses have a leadership profile, still exercise it moderately and, often, need to improve the use of tools and strategies⁽²¹⁻²³⁾. It is understood that this fragility can be pointed out because of the fragility of teaching and the low incentive of institutions for the permanent development of professionals.

In the hospital environment, the activities performed occur during stress, requiring attention and cooperation among all involved. Thus, in this context, it is essentially important to figure the nurse as a leader, as motivator and mediator of relationships, to reduce the overload of the team and positively impact the client's recovery⁽²⁴⁾.

Despite all the fragility evidenced in the practice of leadership, in this study, nurses considered leadership strategies in the professional environment as efficient, capable of being executed and of necessary application. These findings strengthen the understanding of the fragility of theoretical and practical knowledge of most nurses who perform the managerial function to apply, in the praxis of professional practice, the skills and attitudes necessary for the effective exercise of leadership.

The planning of nursing care, as one of the actions of nursing care management, is part of the daily work of nurses, being necessary for the exercise of care administration and for the

performance of nursing management⁽⁶⁾. Thus, it is understood that planning is the act of preparing for the execution of a given action or task, with a view to achieving a certain result that is expected in the future. The exercise of planning in a conscious and continuous way and its correct application is a sign of great possibilities in the success of the execution of tasks⁽¹⁵⁾.

In the statements of the participants of this study, no actions were evidenced that reflected the *planning of nursing care*. Excerpts from the statements showed the “training” as an attribution and need of the nursing team in the service researched, which converges with the care management actions investigated here, in this case, the *Training/education of the team*.

The participating nurses demonstrated the need to address the hemotherapy theme more extensively within the Hospital, both for them and for their team. This is a demand that needs to be heard and taken to the service managers, so that these professionals have the necessary training to perform the procedures inherent to hematology/hemotherapy, as well as the management of their work team.

Once again, it was possible to highlight the consequent gaps in the training of these professionals, which is manifested in little experience, in the case of recent graduates, or also in the lack of structured permanent education actions in health services.

The action *Materials Management*⁽⁶⁾ was not detected in the statements of the participants of this study, but it cannot be disregarded its importance in the context of any health service, given that its absence, in adequate quantity and quality, completely makes the quality of care completely unfeasible. Thus, nursing should not only participate in the daily management of these resources, use these resources in a planned and conscious way, together with its team, but also formally report, to the competent sectors, any non-conformity in this sense⁽²⁵⁾.

The efficiency of the services provided should be measured in constant evaluations of the results of previously planned actions, to contribute to the promotion of more assertive,

effective and resolute services^(2,15). Also consider the possible reduction of costs resulting from the qualification of the work performed. As is common in every work process, *The evaluation of the results of nursing actions*⁽⁶⁾, routinely, is placed in places less evident in health services, often generating inaccurate and unwanted results at the conclusion of the care provided.

The use of this tool, essential to the quality of the care provided, will only be evidenced by strengthening critical-reflexive practice among nursing professionals, to the detriment of the focus on the mechanical execution of procedures and the achievement of goals⁽¹⁵⁾. Thus, it seeks to justify the absence of statements that confirm the importance and need for the application of such action.

As a limitation of this study, it can be highlighted that it is restricted to a health service unit and has a reduced time to perform it. The expansion of this research in other services will provide conditions to corroborate and reinforce the findings, as well as allow comparison with other institutional and regional realities.

This study aims to contribute to the expansion of the practice of nursing care management in a global way, as well as to the consolidation of this practice in hemotherapy services, providing greater safety and effectiveness in the actions performed in such services.

Final considerations

In the present study, the practice of the following nursing care management actions was evidenced among the professionals of the hemotherapy service: *Coordination of care/ Supervision and Provision of complex care*. It was evident that most of the care management actions analyzed, such as *Nursing Care Planning, Team Sizing, Team Training/Education, Leadership, Materials Management and Evaluation of nursing actions results*, were weakened or absent in the practice of the nursing manager in hemotherapy.

It was noticed that the actions most mentioned by the nurses interviewed highlighted those most

related to the technical skills acquired by the professional in their context of training, while the less mentioned actions were related to the competencies and skills that are commonly part of the gaps of formal education.

Only with continuous and timely investment, through measures that provide adequate training and the use of assertive strategies of permanent education for the professional and operational improvement of nurses and for the practice of management activities that are theirs, can their training be directly and positively promoted, so that they can lead the nursing team in their proper work process. Thus, it will be possible to meet the needs of the client in its holistic context, contributing to the problem-solving capacity of the provision of care and the achievement of the expected results in the care delivery process.

Collaborations:

1 – conception, design, analysis and interpretation of data: Hilma Nazaré Mendes Bezerra;

2 – writing of the article and relevant critical review of the intellectual content: Aurilívia Carolinne Lima Barros, Thaís Cristina Flexa Souza, Rosana Amora Ascari and Jouhanna do Carmo Menegaz;

3 – final approval of the version to be published: Jouhanna do Carmo Menegaz.

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