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NURSING SERVICES: CERTIFICATION AS A STRATEGIC DIFFERENTIAL

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Abstract: The nursing team represents 40.6% of the hospital's professionals, being the largest workforce in patient care, therefore, the certification of this service supports the repositioning of nurses, as well as the development of the team, integrating them into the strategy of high care performance in pursuit of excellence in management. The objective is to demonstrate the perception that Nursing undergoes a restructuring of its knowledge through the management tools of the Certification Program for Nursing Services Distinction. Information from assessments in a digital model, followed between January 2021 and June 2022, in three hospitals with different profiles, funding and complexity, was gathered. The experience report was carried out through the collection of information using focus groups with Governance, Nursing Leadership and Nurses. It was identified by the development of the program a greater integration of the assistance team with the leadership, autonomy of the nurse in the management of the sector and involvement of the nursing technician in the multidisciplinary team. Professionals reported greater professional recognition, empowerment and personal fulfillment, reflected in the climate of safety and satisfaction at work. Communication about the patient's condition with the doctor improved, bringing good results in care, such as the identification of early signs of clinical deterioration. Changes were identified in the position of nurses as clinical care managers. It is therefore concluded that this Program made it possible to observe the advancement of nurses' performance in patient-centered care, with information and data that helped in decision-making, favoring greater autonomy and action, based on the ethical principles of the profession.

Keywords: Nursing. Certification. Empowerment. Interdisciplinary

communication.

INTRODUCTION

The nursing team represents 40.6% of the hospital's professionals, being the largest workforce in patient care (DOS SANTOS CARVALHO; DE SOUZA; DE SOUZA, 2021), therefore, the certification of this service supports the repositioning of nurses, as well as the development of the team, integrating it with the high performance care strategy in search of excellence in management (IQG, 2022).

The repositioning of the nurse aims to highlight that much has been attributed to this professional, however moving him from the bedside. Management and planning activities are important, but as the only professional prescribing care, the closer to the patient, the better the nurse's performance, even knowing their role in all interfaces in health organizations, which assumes a fundamental role from the beginning. composition of commissions, covering the planning and operation of the physical structure, human resource management and construction of protocols and care flows, with direct action in assistance (BITENCOURT et al, 2020).

For the development of the team, it is estimated that permanent education can be a strategy that favors the training process, as long as this process is aligned with the professional's interest and responsibility in providing safer care to the patient (AZEVEDO; DA SILVA; MAIA, 2021). As an efficient structure, the search for the creation of a learning environment will be better used by professionals, since the process of appropriation of information is different in adults.

Appropriate staffing is recommended so that nurses are available in areas where they add value, such as carrying out health actions in an integrated or networked manner,

effective communication between the different levels of care and preparing the patient for the moment of discharge (AMORIM et al, 2022).

To have the right professionals, allocated in the right area, allows us to have the sum of the entire clinical vision of the nurse with their experience in management. Therefore, it is essential that there be a survey of skills based on the training of these professionals, so that the maximum can be extracted from this workforce based on what was developed during their preparation, including impacting the work environment.

The covid-19 pandemic heated up the health job market, in particular for those who were directly involved with care, but on the other hand, it reinforced to a greater extent the precarious working conditions of Brazilian Nursing professionals on the effects that affect the work process and the understanding of the reality presented and exposed, giving rise to suggestions to Class Entities, society and the State in order to bring the reality of these professionals closer to what the International Labor Organization has called “decent work” (MACHADO et al, 2020).

Therefore, this work proves to be relevant precisely to involve a broad discussion about the strategic role that nurses have in a health organization, contributing to the institution's sustainability, either through resource management or through clinical performance with efficient interdisciplinary care plans.

With this, we aim to demonstrate the perception that nursing is undergoing a restructuring of its knowledge through the management tools of the Nursing Services Distinction Certification Program.

METHODOLOGY

Three Brazilian hospitals, in different regions of the country, with different service profiles, financing modality and complexity, were monitored to avoid any type of bias

during the observations gathered by the evaluations in a digital model, carried out between January 2021 and June 2021. 2022.

This experience report is based on the qualitative and transversal interpretation of the information collected through the focus groups identified as Governance, Nursing Leadership and Nurses (IQG, 2022).

The records and documentary information of the evaluations functioned as a source of investigation so that the context interpretations of the health organizations correspond to the reality identified at the time of the evaluations with the Nursing Service.

RESULT AND DISCUSSION

During the development of the program in the evaluated period, we can identify that there was greater integration of the care team with the leadership, autonomy of the nurse in the management of the sector or microsystem in which it operates, in addition to the involvement of the nursing technician in the multidisciplinary team. Nurses reported perceiving greater professional recognition, demonstrated by empowerment and personal fulfillment, directly reflecting on the climate of safety and satisfaction at work.

Another impacted point was the communication about the patient's condition with the doctor, which showed improvement from the formalization of the flow, bringing good results in care, such as the identification of early signs of clinical deterioration. This approximation of the nurse with the doctor provided evidence of changes in the position of the nurse as a clinical care manager.

Nurses believe that being involved with integrated actions improves the quality of care, considering that care is planned jointly, even when the multidisciplinary team does not develop any practice in this regard. However, more serious than this finding is the fact that this lack of integration is also capable

of being perceived by the patient and/or caregiver, contributing, more and more, to the distancing of primary care by chronic patients. Therefore, it is necessary to promote, through a robust organizational culture, the articulation of teams to achieve comprehensiveness and, consequently, the achievement of humanized and quality assistance (MENEZES; POMPILO; ANDRADE, 2019).

Current research demonstrates the enormous need for patient satisfaction or experience, but there are still few institutions that manage to establish habits and behaviors that actually constitute interdisciplinary actions that add value to care.

In 2019, Sousa already stated that regardless of the lens used to analyze a context, health professionals must make sense of their practices; and this way, relational coordination stands out as an important tool for continuous and quality care, identifying interactions and deliveries in patient follow-up. In this assumption, nurses are inserted both quantitatively, due to the number of coordinators with this training, and qualitatively, considering their exercise as coordinators and nurses, denoting versatility and adaptability to changes in the Health System, contributing significantly to the integration of care.

At this point, it is worth noting that well-described roles and responsibilities, with defined deliverables, allow different professionals not to manage the same steps within a process, generating rework, but above all, removing the nurse from their role in care in the bedside.

One of the steps with a great impact on care management is the transition of information during the shift change, as it is the moment when the professionals who have responsibilities and deliverables linked to the therapeutic plan and project exchange information for better patient

follow-up. Schorr and collaborators (2020) state that there is little contribution from the multidisciplinary team in the shift change, with great influence of the organizational culture. Interprofessional trust, the promotion of a space that favors the contribution of the multidisciplinary team with speeches and moments to clarify doubts, and the team's assiduity are aspects that contribute to an effectively multidisciplinary shift change.

To understand the deficit of professionals that exists in the market, with a complete shortage in some regions, it must be considered that the dimensioning of nurses, both in terms of the number of employees and their skills, when added to teamwork, indirectly influences the quality of care. This process is mediated by responsiveness, the use of new techniques and work methods and the ability to monitor the patient (NEVES et al, 2020).

The insertion of the nurse in these attributions focused on care improves the safety and quality of the care team, as well as the development of non-technical skills, linked to emotional intelligence, so that the team has a collaborative aspect and the nurse is a mediator in these relationships (NEVES et al, 2020).

However, these new demands linked to the role of nurses must be evaluated as strategic changes, starting with a need for greater management of this workforce. Absenteeism and turnover must be mapped and analyzed according to their seasonality, so that the critical interpretation of indicators such as these can serve as a tendency to expand nursing functions, as has been happening outside Brazil.

To have nurses participate in decision-making and develop by occupying leadership, even if shared, in health services increases both the recruitment and retention of a more qualified workforce. This way, the recognition

of professional autonomy is essential to create attractive work environments (PURSIO et al, 2021), in which these people management indicators tend to achieve better results.

Torrens et al. (2020) identified in their research a concept they called “advanced nurses” who are increasingly being appointed to take on activities and roles traditionally performed by physicians. Even knowing that any change and successful multidisciplinary implementation is complex and time-consuming, they claim that collaborative relationships with other health professionals must be built, in addition to a lot of negotiation for the successful implementation of the advanced nursing role.

This change movement among health professionals brings as an essential condition the implementation of an interprofessional education or any other action that becomes a facilitator for these adaptations, as these controversial positions of nurses require permanent academic support that supports the change of a model from medicine-centered care to person-centered care (DE LUCA et al, 2021).

Evidently, all these changes and movements that end up giving greater autonomy and ownership to the nurse’s performance are actually ruptures of paradigms that were quite solid and, sometimes, even indisputable, such as the role of medicine in patient care.

A study on multidisciplinary team meetings found three different types of team action for discussion, but in analyzing these different ways of holding meetings, an inconsistent and sometimes contradictory picture of multidisciplinary team meetings was found, in line with studies earlier on this same topic. The main finding is that these meetings are usually conducted by physicians, with limited input from nurses and other non-medical staff, in which decisions are argued based on biomedical information

and much less consideration of psychosocial aspects, showing a worryingly low awareness of the true character of multidisciplinary, particularly among medical disciplines (HORLAIT et al, 2019).

It is known from the current advanced technologies that the state of health does not only mean the good biochemical functioning of an organism, but that the integrality of the care goes through actions of reception and empathy, capable of improving the perception of the individualized needs of the patient, so that care is planned more assertively. Wouldn’t this be the time to bring greater humanization to health, including the other disciplines, each with their own knowledge, so that the patient is at the center of care?

An important finding, presented by the study by Oshodi et al. (2019) was that English nurses relate autonomy to their clinical work and to the immediate work environment of their ward, and not to a broader professional context, which can be “turned on and off”. off”, rather than constituting an integrated aspect of nursing, while US nurses relate their autonomy to broader involvement in hospital-level committees.

In this perspective, we must consider that autonomy must be a professional practice, whether in care or management, but that it is not something identified as occasional. So, it is up to the nurse to be routinely involved with care practices, in the development of protocols, guidelines and institutional policies that make this figure more easily recognized by other professionals.

Maurits (2019) brought the discussion of autonomy to home care environments, with the provision and organization of care integrated with hospital care and centered on people, demonstrating that the professional may end up becoming more susceptible when he is in an environment in which the constitution of multidisciplinary team is not

well established, which may have a higher risk of professional misconduct going unnoticed. An alternative is to consolidate professional autonomy within health organizations, so that the professionals themselves have a repertoire to identify situations that can advance more safely in home patient care.

We can summarize that all aspects developed in the Certification for Distinction of Nursing Services are linked to the educational and organizational process, points that were widely addressed during the evaluations carried out. Peebles et al. (2020) point out that a trained and developed nurse to prescribe care reduces the need for another professional to recommend the same care from 20% to 5.5%, as he is much more dynamic and insightful. In this study, using a just-in-time training tool to train the nursing team, recognition and a shorter response time in case of patient deterioration were observed.

Armed with all this discussion in view of the points identified as fully developed among the evaluated institutions, we can assure that the implementation of practices centered on the nursing service brings benefits to the assistance and management of health organizations.

FINAL CONSIDERATIONS

We conclude that the Nursing Services Distinction Certification Program made it possible to highlight the advancement of nurses' performance in patient-centered care, appropriate information and data that helped in decision-making, favoring greater autonomy and professional performance, based on the ethical principles of nursing profession.

It is understood that the appreciation of nurses in care protocols develops a more favorable work environment for the repositioning of nurses as care managers for a more efficient model of professional practice.

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