



Leadership: Attendance of the nurse on assisting the oversight of nursing assistants and technicians

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Abstract

Introduction: The nurse is increasingly taking care of administrative tasks and moves away from direct patient care, so it is pertinent to approach aspects related to the leadership from the viewpoint of nursing assistants and technicians. **Objectives:** Identifying if the auxiliary or nursing technician performed the patient care without the presence of the nurse when requested, what was the assistance. And identifying under the oversight of nursing assistants and technicians who have already performed nursing care without the presence of the nurse, if there was any kind of harm to the patient, and if so, what was the harm. **Method:** The data collection was performed through a semi-structured interview. The sample consisted of 150 nursing assistants and technicians who undergraduate nursing courses at two private colleges in the countryside of São Paulo. **Results:** From 150 (100%) participants, the nurse's absence for the procedure was described in 88 (58.66%) cases. Among the tasks handled by nursing auxiliaries and technicians, there are those ones that are exclusive to the nurse and some others that are not of technical and legal competence of the profession, doing 12 (8%) of the participants report several damages to the patients. **Conclusions:** Most of the participants have already performed procedures that should have the supervision of the nurse or even be performed privately by him, a fact that contributed to the occurrence of harm to the patient.

Keywords: leadership, nursing care, professional competence, nursing, supervisory

Introduction

Leadership became the focus of scientific studies from the twentieth century. Several researchers point to leadership as one of the manager's functions, others claim that exercising leadership requires more complex skills that will lead to higher productivity with greater workforce efficiency ^[1].

Being the inherent leadership of the nurse's work ^[2], emphasized in the new curriculum guidelines of the 2001 undergraduate nursing course³ and having the nurse as specific functions provided for in decrees 94.406 / 87 ^[4] and the resolution of the Federal Nursing Council (FNC) n° 358/2009 ^[5] that has the systematization of nursing care, nursing diagnosis, management, leadership, evaluation of nursing processes and technical responsibility on the nursing staff ^[6], it is up to the nurse to be aggregator, supporter, know listen and facilitate work processes ^[7].

With globalization and hospital institutions acting as a company, the new profile of critical, reflective, creative and safe professionals in decision making was required ^[8].

Nurses are increasingly dealing with administrative tasks in marked proportions, especially bureaucratic ones and moving away from direct patient care ^[9].

Thus, it is pertinent to address aspects related to leadership exercised by nurses and their role in patient care, given that who cares manages and who manages cares. It is healthy to balance and ponder on the part of the nurse who needs to accompany his team in patient care while assisting and leading, that is, manages the sector.

Objectives

- Identify if the nursing assistant or technician has already performed patient care without the presence of the nurse, when requested, and if so, what was the assistance.
- Identify in the light of nursing assistants and technicians, who have already performed nursing care without the presence of the nurse, if there was any harm to the patient, and if so, what was the damage.

Method

The study followed a qualitative descriptive and exploratory approach, following the guidelines of the Collective Subject Discourse (CSD), based on the Theory of Social Representations ^[10]. The sample consisted of 150 nursing assistants and technicians, undergraduate nursing students from Padre Anchieta University Center of Jundiá / SP and Campo Limpo Paulista University Center.

Inclusion criteria for the sample were all students who have worked or worked as a nursing assistant or technician for at least six months, regardless of the semester they attend at both colleges.

Exclusion criteria were undergraduate students, nursing technicians or assistants, but who never worked or when they worked, were in administrative sectors, ie, had no contact with the patient.

Data collection occurred after approval by the Ethics Committee of the Campo Limpo Paulista University Center, registered under n° 1.732.047. The interviews were previously scheduled with

both pedagogical coordinations of the courses and conducted before the beginning of classes so as not to interfere with the teachers' schedule.

Participants answered two semi-structured questionnaires prepared by the researchers, one related to sociodemographic aspects containing six questions to characterize the sample in gender, age, semester attending, profession category, type of institution and work sector. And the second, with two guiding questions: "During your professional experience as a nursing assistant and / or technician, have you performed patient care without the presence of the nurse even when asked? If so, what was the type of assistance?" and "In situations where the nurse, for some reason, is not present in the care you provided to the patient, it may affect how they act."

Results

Regarding the participants, most are attending the final half of the course 100 (66.66%) and work as nursing technicians 100 (66.66%). The age range is between 20 and 39 years old 122 (81.33%).

Table 1: Presentation of data regarding the sociodemographic questionnaire. n: 150. Jundiaí, 2019. Brazil.

Genre Participants Frequency (%)		
Feminine	125	83,33%
Men	25	16,66%
Institution that works		
Health unit	8	5,22%
Private hospital	53	34,64%
Public hospital	67	43,79%
Clinic / Ambulatory	13	8,50%
Others	12	7,84%
Sector that works		
Vaccine Room	4	2,53%
Medical clinic	24	15,18%
Intensive therapy	40	25,32%
Surgery Center	11	6,96%
Others	79	50%

Regarding the guiding questions of the study, in the first one, the participant was asked if during the professional experience as a nursing assistant and / or technician, he had already performed patient care without the presence of the nurse even when requested.

Of the 150 (100%) participants 88 (58.66%) answered yes, they had already worked without the presence of the nurse even when requested and 62 (41.33%) said no, that is, whenever they needed the nurse was gift.

According to the 88 (58.66%) participants the procedures performed by them without the presence of the nurse are: dressings, venipuncture, blood transfusion, bladder catheterization, nasogastric catheterization, arterial puncture,

total parenteral nutrition facility, cardiocography, delivery assistance during patient transfer, noninvasive ventilation facility, mechanical ventilator programming, cardiopulmonary arrest support, drug administration, guidance, oxygen therapy support facility, patient manipulation, follow-up imaging, intubation support, medical procedure support, first aid, biological material collection, administration of hypotension correction serotherapy, taking over Intensive Care Unit (ICU) sector without the presence of the nurse, support for critically ill patients, blood culture collection, removal of delayed bladder tube, therapeutic bleeding procedure.

In the second question, the 88 (100%) participants who performed procedures without the nurse, even asking, answered if any harm occurred to the patients. As seen above, there were numerous procedures without the nurse present. And 12 (13.63%) stated that there was damage during the assistance and reported them.

The answers were grouped into core ideas and are expressed in the table below.

Table 2: Identification and frequency of central ideas in cases where patient damage occurred. n: 12. Jundiaí, 2019. Brazil.

Central ideas	Participants	Frequency
Yes. Negligence	1, 37, 86, 145	4
Yes. Absence of the nurse in the institution	105, 120, 150	3
Yes. Inappropriate conduct	11, 113, 138	3
Yes. It is considered qualified	104	1
Yes. Lack of staff training	140	1

Following are the main central ideas with their respective CSD, from those who reported having identified nursing care impairment due to the absence of the nurse:

“Yes. Negligence”

“Yes, because we report that the patient in this case is lowered that the parameters of vital signs are altered and the nurse, due to reports of being busy, the patient evolved to a cardiopulmonary resuscitation”.

“Yes. Absence of the nurse in the institution”

“Yes, the nurse was not present at the institution, there was no evaluation of the dressing in pressure ulcers and there was a delay in the start of medications”.

“Yes. Inappropriate conduct”

“Yes, because the nursing technician is doing the procedure that needed intervention of the nurse”.

Most participants 138 (92%) consider that there was no harm to the patient due to the absence of the nurse, described by the central ideas in the table below.

Table 3: Identification and frequency of central ideas to those who stated that there was no harm to the patient. n: 138. Jundiaí, 2019. Brazil.

Central Ideas	Participants	Frequency
There was no injury	2, 3, 4, 5, 6, 7, 8, 9, 10, 12, 13, 14, 15, 16, 17, 18, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 38, 39, 40, 41, 42, 44, 45, 46, 47, 48, 49, 50, 51, 53, 54, 55, 56, 58, 60, 61, 62, 63, 64, 65, 68, 69, 70, 71, 72, 73, 74, 75, 77, 78, 79, 80, 81, 82, 83, 84, 85, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 98, 99, 100, 101, 102, 103, 107, 108, 109, 110, 111, 112, 114, 116, 118, 119, 121, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 134, 135, 136, 137, 139, 141, 142, 143, 144, 146, 147, 148, 149	125

No. Orientation from another professional	43, 66, 67, 97, 106, 117	6
No. I consider myself capable.	19, 57, 59, 115, 122, 133	6
No. Absence of the nurse in the institution	52	1

Following are the main central ideas with the respective CSD of those who stated that there was no impairment in nursing care due to the absence of the nurse:

“There was no injury”

“There was no injury, because the nurse is always present”.

“No. Orientation from another professional”

“No. The nurse was requested in my sector and he did not attend. The multidisciplinary team took over the situation. There was no injury, because a doctor on duty was present and I was oriented”.

“No. I consider myself capable”

“No, because it can stabilize the patient, since I already worked, had qualification, dexterity and performed the technique correctly”.

Discussion

The leader is the one who will guide the course, the opinions and the actions in search of defined and shared goals, being necessary the integration of efforts through which the nurse must recognize the values and the individual needs of each one of its collaborators ^[1].

Of the 150 participants, 88 (58.66%) reported having provided care to the patient without the presence of the nurse and expressed through various situations that, in the ethical-legal context, may compromise the profession and in the care aspect, the greatest detriment in some situations was the patient. This is because the actions of these professionals without the supervision of nurses can be grouped according to technical skills such as: Procedure that is not the competence of nursing: mechanical ventilator programming ^[11].

Procedures for the nursing staff: support for cardiopulmonary arrest ^[12], installation of oxygen therapy support⁴ and support for medical procedures ^[4].

Procedures to be performed under the supervision of the nurse: support for critically ill patients ^[4] and removal of delayed bladder catheter ^[13]. Procedures that can be delegated by nurses: dressings ^[14, 15] and venous punctures ^[16]. Finally, private procedures for nurses: blood transfusion ^[17], bladder catheterization ^[18] and arterial puncture ^[19, 20].

Participants may not be aware of the laws relevant to the procedures to which they have or not legal support to perform them, in breach of the Code of Professional Ethics being punishable ^[21], because they perform procedures alone even when they need the nurse for execution or guidance.

It is expected, with the presence of the nurse, in the cases in which the support and guidance were requested from the team, through several aspects: it is mandatory, according to RDC n° 7 of February 24, 2010 ^[22] to have an assistant nurse for each ten beds in the intensive care unit.

Respecting Federal Council of Nursing Resolution n° 0527/2016 ^[23], which refers to the dimensioning of nursing professionals,

which is the nurse's private action for evaluation and quality of care provided at any level of care.

The Code of Nursing Ethics ^[21], in its articles 13 and 22, respectively, says: “Suspend individual or collective activities, when the workplace does not offer safe conditions for professional practice and / or disrespect the current legislation, except for situations of urgency and emergency, and must immediately formalize their decision in writing and / or by e-mail to the institution and the Regional Nursing Council” and “Refuse to perform activities that are not within their technical, scientific, ethical and legal that do not offer security to the professional, the person, the family and the community”.

It is also important to emphasize that it is up to the nurse, according to the decree 94.406/87 ^[4], the exercise of nursing in continuing education programs.

Given the above, the professional ceases to perform his duties described in the decree 94.406/87 ^[4], being punishable according to the Nursing Code of Ethics ^[21].

Conclusions

Nursing care is being performed without the presence of the nurse even when requested according to most nursing assistants and technicians.

The care procedures performed are varied and include situations that, under legal aspects, the nursing assistant or technician are prohibited from performing alone because they lack technical competence.

For those in which the damage to the patient was not observed, due to the absence of the nurse in the follow-up or execution of the procedure, two reasons emerged and are related to the fact that another professional takes responsibility for the care and, in other cases, why the assistant or health technician. nursing considered itself qualified and resolute.

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