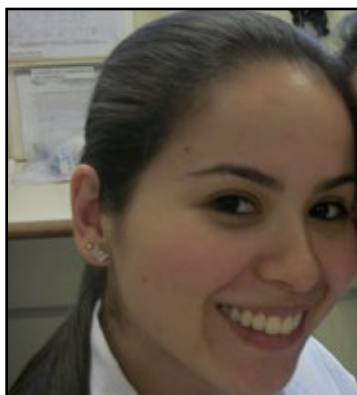**OBJN** Online Brazilian Journal of Nursing

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Assignments and competencies of nursing managers: a descriptive exploratory research

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ABSTRACT

Aim: to identify the attributes and competencies of nursing managers in the teaching hospitals in the state of Paraná, in relation to their teaching, research, care and management. **Method:** a descriptive, exploratory, qualitative approach, carried out in 12 teaching hospitals in Paraná, through semi-structured interviews with 13 nurses who occupy the top position in nursing. The interviews included identification data of the participants, their positions and their attributes and competencies. **Results:** the attributes were; institutional representation, nursing care management, human resources management and teaching. The skills that stood out after content analysis were; conflict management, leadership, decision making and policy. **Conclusions:** although the research was carried out in teaching hospitals, the most frequent assignments and competencies of managers relate to the managerial dimension to the detriment of the teaching and research dimensions.

Descriptors: Nursing; Professional Competence; Hospitals, Teaching; Chief Executive Officers, Hospital.

INTRODUCTION

The teaching hospitals (HE – from the Portuguese Hospitais de Ensino) are important institutions for the country that provide highly complex assistance, training of human resources in health, the development of clinical research and the evaluation of new technologies. The Teaching Hospitals Restructuring Program (PRHE – from the Portuguese Programa de Reestruturação de Hospitais de Ensino) was created in 2003 to certify these institutions in teaching, research, assistance and management [1].

The achievement of quantitative and qualitative goals for HE[1] based on specific directives, were established by local managers of the Unified Health System (SUS – Sistema Único de Saúde), and included an increase in medium and high complexity procedures, urgency and emergency, and education and research network [2].

In this research, we focus on the nursing manager who occupies the highest nursing position in the HE and is committed to developing his role in teaching, research, care and management. He has a voice and a seat in the upper levels of the HE, and he opines, discusses and influences the decisions of the hospital, considers human resources and different ways of conducting nursing care and materials used by the team, and acts as a mediator between nursing and other categories, all of which requires specific skills.

After almost ten years of the PRHE, and in view of the small amount of literature on this subject, we expected to find out how these changes were absorbed by the nursing managers and to identify the attributes and competencies of HE nursing managers from the state of Paraná in relation to teaching, research, care and management.

METHOD

Using a qualitative approach, descriptive exploratory research was carried out in the HE in the state of Paraná, certified by the Ministry of Health and Ministry of Education and listed in the National Register of Health Establishments (CNES) until the year 2013. Thirteen institutions were invited to participate in the research, of which 12 made up the sample, as one refused the invitation. Of these 12, five are public and the others are private.

Participants in this research were registered nurses and managers in the nursing area and we excluded those who were registered nurses on vacation and/or sick leave or away from work for any other reason. All the nurses, invited via telephone or e-mail, agreed to participate in the research composing of a sample of 13 participants. It is worth noting that in one institution the same role was shared between two registered nurses.

Initially, two techniques of data collection - interviewing and documentary analysis - were envisaged. However, documentary analysis was discarded due to the difficulty in obtaining documents, such as internal regulations and institutional regulations. The individual interviews were conducted between March and May 2014, through a semi-structured script, which included identification data of each participant, their position and the attributes and competencies required to hold that position. To facilitate participants' understanding during the interviews, stickers with attributes and competence written on them were used.

The interviews were conducted in a private room, at the participants' own workplace, at a pre-scheduled time. They were recorded on an audio device and later transcribed in full. The data was treated using the content

analysis technique proposed by Bardin[3]. First, the transcribed material was read in detail and categorized according to similarities. The categorization followed the "boxes" procedure where categories are already established and the findings of the research are inserted according to those categories[3]. The established categories correspond to teaching, research, assistance and management[1].

To improve confidence in the categorization of the competencies, the data was analyzed in pairs by three people independently and later compared, emphasizing the convergent and divergent points. After the consensual categorization of the data, the treatment of the obtained results and their interpretation was carried out based on the available literature.

The research was approved by the Research Ethics Committee of the Health Sciences Division of the Federal University of Paraná (CEP-SCS/UFPR) under n°. 21728613.0.3005.0020.

After explaining the objectives, the voluntary nature of the participants who agreed to participate in the study and the stages of the research, the Informed Consent Term (TCLE) was signed. To preserve identities, the participants were identified by the letter G, followed by an Arabic numeral.

RESULTS

The results are presented in three stages. The first characterizes the positions of the nurses and the nursing manager. The second stage describes the duties of the nursing manager and the third outlines the necessary competencies for the role of the nursing manager.

First stage: Characterization of the positions of the nurses and the nursing manager

Table 1 - Characterization of the nurse and the position of nurse manager in teaching hospitals of Paraná. Curitiba, 2015

	Total of participants =13	
	N	%
Age (years)		
30–39	3	23
40–49	6	46,1
50–59	4	30,7
Time of graduation (years)		
5–15	3	23
1 –25	5	38,4
26–35	4	30,7
36–45	1	7,6
Name assigned to the position		
Nursing director	7	53,8
Nursing manager	5	38,4
Nursing vice-director	1	7,6
Way of choice to fill the position		
Promotion	5	38,4
Selective process	2	15,3
Indication	2	15,3
Election	3	23
Transfer	1	7,6
Percentage of nursing staff under the responsibility of the nursing manager*		
20–29%	4	30,7
30–39%	5	38,4
40–49%	3	23
50–50%	-	-
60–69%	1	7,6

The percentage was calculated by the ratio between the number of workers in nursing divided by the total number of workers in the HE

Second stage: Duties of the nursing manager

The assignments of nursing managers were categorized according to the dimensions recommended for HE; teaching, research, care and management, and are presented in Chart 1.

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Chart 1 - Duties of nurse managers of teaching hospitals in Paraná. Curitiba, 2015

Dimension	Category	Subcategory	Examples
Management	Institutional representation	Representing the hospital externally (G1, G2, G5)	To represent the extra-hospital institution, then, within the state secretary, within the municipal secretary, as well as to answer all the questions, to these organs, regarding the hospital's assistance. (G2)
		Representing the hospital internally (G9, G10)	We welcome people here, attend the employees, welcome sanitary surveillance, accompany surveillance visit, respond to the term, prosecution, Public Prosecutor. (G9)
		Representing nursing at the hospital (G3, G10, G11)	To represent nursing at the institution [...], representing nursing in others organs, as well as in other institutions. (G10)
		Active participation in decisions (G1, G2, G4, G5, G10, G11, G12)	[...]Participate in managerial meetings with the superintendent, this is an activity that monthly we have for the talk about indicators, projects. (G2)
	Management of Nursing Care	Assuming the Technical Responsibility of the Nursing Service (G2, G8, G9, G10, G12)	I answer for the entire nursing service [...] is a managerial function, but I have to be looking at the technique, how is the technique [...]
		Coordinate the assistance in line with the institutional objectives (G2, G3, G4, G5, G7, G8 G11, G12, G13)	To coordinate the nursing actions with a view to the integral assistance of the patient according to the strategic planning of the hospital. (G3)
		Continuing Education (G2, G3, G5, G11, G12)	To monitor the technical performance and professional conduct of nursing teams, promoting professional development. (G3)
	Resources management	Material resources (G8, G10, G13)	I'm responsible also to purchase equipments for all sectors, as well as equipment planning. (G6)
		Financial resources (G2, G7, G8)	We have to have a financial vision, issue of costs, unit costs, material cost, cost of an inpatient, of an empty bed, an account, if it is billing well. (G7)
		Human resources (G1, G2, G3, G8, G9, G10, G11, G12)	To particpate in the hiring process of nurses, interview them, this is what I do. (G1) Scale out the nursing staff, request the filling of job vcancies in the work units. (G3)
Teaching	Teahing G3, G6, G12	-	The contact with the college, then, I always participate on issues regarding professional training or partnership, seek partnership with some things because they did not have much partnership between the institutions, so, this partnership with the college we have worked hard in this too, because we have a assistencial issue, the practice itself , it has a matter of knowledge and I think we do not make that partnership. (G6)

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Third stage: Skills required for the position of nursing manager

The competencies for the nursing manager position were identified and distributed according to the dimensions recommended for HE; teaching, research, care and management, and are presented in Chart 2.

DISCUSSION

Females dominate in the position of nursing manager, which correspond with the feminine characteristics inherent in the nursing profession[4]. The ages of these nurses and length of their training demonstrates the preference of HE of Paraná for nursing managers with greater personal and professional experience. This is consistent with the findings in another study, which reports that 72.7% of the managers indicated that they needed five to 10 years of training to take up a management position and where 27.3% indicated that more than 10 years of training was necessary[5], as this position requires several competencies that are acquired and developed along the professional trajectory of the nurse.

The highest positions occupied by the nurses were director of nursing and manager of nursing. The salaries and job titles made no difference to the attributes exercised by the nurses, or to the respective competencies essential to their activities. In this study, there is nothing to confirm that the job titles influence the activities and responsibilities inherent in each role since

Chart 2 - Competencies of nursing managers of teaching hospitals in Paraná. Curitiba, 2015

Dimension	Category	Sub-Category	Example
Management	Managerial Competence	Conflict management (G1, G6)	[...]to control doctor, pratical nurse and registered nurse in the conflict, you need to have the ability to solve these conflicts without creating others. (G1) [...] and the issue of negotiation, that you often have to negotiate with various professionals and have to exchange ideas, not only yours is the best, but you can not help but express yourself, you can not be too shy , because many things you do or decisions you make are also a risk, you never know if it will work. (G6)
		Leadership (G2, G3, G4, G5, G6, G7, G8, G9)	I think, in the first place, the leadership, there is no escape from it. (G4) [...] this ability to relate, to encourage people to participate, to come with us, and so on [...]. (G3)
		Decision making (G2 G3, G6, G7, G8, G12)	[...]Know how to delegate people, know how to choose, make well-made choices, because if I choose the wrong person in the wrong place, I'm going to make a big difference. (G8) Decision making, you have to have this, there are things that have to do [...]. (G2)
	Political competence (G1, G2, G3, G6, G9)		The main thing to exercise is politics, because politics is not "kissing asses". (G1) [...] the issue of having too much listening, you should listen more than talk, it helps if you take the analysis and not be impulsive, because you do not make hasty decisions and always listen to the two, three, or four sides of the story to get a view of the whole[...]. (G6)

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this study did not examine the managerial models of the hospital. Positions and titles arising from the adoption of managerial models may differ in their formation, reflecting the attributes and competencies required, the degree of detail of the activities and the characteristics of the category in each institution[6].

It was verified that in most cases, those nurses who occupied senior positions achieved them by promotion. Promotion takes place based on the time and performance of the nurse in the institution, who gradually takes up a range of positions until the maximum position in the field of nursing is reached. Experience at the institution contributes to the professional being able to manage according to the emerging needs of practice and organization[5].

In public institutions, employees can be admitted by public contest or nomination, where there is a relationship between the superior authority and the designate, based on trust, personal commitment and the political orientation of the administration (7). In addition, the nursing manager can be chosen by the hospital workers. In the hospitals surveyed, nursing managers were responsible for between 27% and 60% of the total number of nursing workers, with great variation between hospitals with similar characteristics located in the same state. There are many reasons for this variation including the assistance model approved by the hospital and the adoption of productivity goals[8].

Nursing managers' assignments, their institutional representation, management of nursing care and management of resources (material, human and financial) are established by the management. Institutional representation takes place in the internal and external area of the HE and in general, is appropriate to the usual occupation of the nurse. Leadership is not only a formality, but is exercised to support and make viable, institutional projects and policies, and to represent and defend the professional demands of the category, and above all, the more nuanced issues, such as the process of care and working conditions.

In this study, concern was expressed about the reconciliation of hospital goals with care coordination, with the responsibility to speak for the team and for their continuing education for professional development and to support decisions on health care. The concern is pertinent because, in theory, one of the duties of the nurse in the managerial process is the organization of work and the resources necessary to operate[9].

Care management is characterized as an attribute of the nurse and is directly associated with the quality of patient care and better working conditions for nursing professionals. Nurses perform activities of assistance, leadership, management of human and material resources, care planning, education of the nursing team, coordination of the production of the care, and evaluation of nursing activities[10].

One way to guarantee the quality of care is through in-service education, which is a mechanism that articulates learning needs with work needs[11]. This type of education is intrinsic to the practice of the health professional. Rethinking how to act and finding new ways of doing the job, with a focus on excellence of care, are configured as differentiated activities, which the nursing manager uses to assist the patient.

Material resource management has also been identified as an assignment of nursing managers as they participate in almost every step of the material management process - programming, purchase, receipt, storage, distribution, and control - and this is due to their capacity for administrative activities, combined with the knowledge derived from care activities[12]. It has an impact on the quality of care provided to the user.

Another attribute of the nursing manager is the management of human resources. A study in this area shows the difficulty in determining the numbers of nursing staff, and points out that the numbers of nursing professionals falls short of what is necessary, which is worrying, since the lack of professionals is associated with job dissatisfaction and low quality care[13].

Financial management is considered one of the nurses' assignments, and is relevant to the institution's economic health due to growing costs in the health sector. In this context, public hospitals are obliged to use all management and administrative instruments to achieve economic harmony and the maintenance of health services for the benefit of the population. Monetizing resources means reviewing work practices and processes to ensure continuous and good quality care at a lower price so that professionals can perform their actions without harming themselves and the patients they care for[14]

Teaching is also an assignment of nursing managers. HEs have a commitment to offer health services and at the same time act as an extension of the university for the training of professionals[15]. However, the reports presented are not clear in relation to concern with the formative process of the academics and their personal development, or with the creation of learning environments and only highlighted the search for partnerships with educational institutions and the adaption of the students to the routine already established in the hospital. The nursing manager does not provide direct care to users and carries out activities at a strategic level, so nothing pertinent to the care dimension was attributed to them.

In relation to the competencies required in the role of nursing manager in the HE investigated, the following were identified; conflict management, leadership, decision making and political competence. It is believed that these competencies are related to the HE restructuring policy, which has undergone changes in its management and institutional mission, occupying a strategic position in health services and redefining the role of the nursing manager, as well as the role of hospital care.

Given the diversity of competencies attributed to the nursing manager, mediating conflict is inherent in their work, which can arise when people have different values, beliefs, training and unequal goals, different economic and professional values and poorly defined professional expectations [16]. Conflicts from interpersonal relationships predominate in hospitals and are experienced by different professional categories and among the nursing professionals themselves, which directly interferes with the progress of work, performance and motivation. Conflict can generate dissatisfaction in the team, suggesting there is disorganization whether from the same category or not [17].

Strategies used by nursing managers to mediate conflicts in the scope of their work include; team participation in decision making, demonstration of resilience in coping with conflicts, talking to the team, being impartial and giving priority to the quality of service, having a professional attitude, and handling situations individually[16].

The exercise of leadership is vital in any context, but especially in the teaching hospital, where the diversity of interests and actors can hinder the role of the leader. Promoting transformations in work through the conciliation between the goals of the organization and the priorities of the nursing team with a view to the quality of care provided to the user[17], is the activity of the nursing manager. Thus, it is essential to create strategies that develop the nurse manager in their search for leadership knowledge, as well as expanding specific management training[18].

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Political competence refers to the ability to influence decisions and matters related to health and organization through knowledge, effective communication and collaboration with other members of the health team[19]. Thus, it is imperative to acquire and develop this competence, since the nursing manager must use it, regularly, to defend the interests of the nursing team, articulate the participation of the workers in the directives proposed by management, mediate conflicts between nursing and other categories and act as a link between nursing professionals and the hospital's senior management.

Competence in teaching and research was not referenced by the participants in this research as necessary to do their job, although they mentioned some attributes related to teaching.

CONCLUSIONS

In the nursing services employment structure, it is possible for nurses to reach and occupy the position of manager. Except in some cases where the process is via election, the nursing team does not have much control on the choice of manager, as it is assigned to the directive group of the hospital. This reaffirms the theory that although there are significant numbers of nurses and they have an essential role in the hospital, this is not enough for them to make such decisions and have the autonomy to choose their leaders.

Although the hospitals studied are all teaching hospitals located in the same state, the number and role of nursing professionals working in them differs in each institution. The manager's attributes however, are similar, in recognition of their participation in the representation of nursing. In this role, they represent the category working in the general direction of the HE whilst at the same time representing the

direction of the nurses towards contracted goals, to change the model of care and to guarantee compliance with the norms and legislation.

Political competence was emphasized by the participants in the research, since without it, it is not possible to position or influence people and therefore not possible to speak for the process of nursing work with other sectors. It is worth noting that both the attributes and the competencies of the managers consider, for the most part, only the management dimension.

There was no access to some documents because they were under construction or could not be found, which limited the study, as some questions could not be answered, for example, in relation to the manager's participation in teaching and research. Considering that HE is essential for the training of human resources in health, the lack of reference to the attributes and competencies related to these two dimensions are of concern, since they make it difficult to establish partnerships that may impact on training, so there is a need to further this discussion.

Notwithstanding the limitations, it is considered that, due to the scarcity of articles in this area, the study provided an overview of the HE of Paraná and the participation of nursing in management, teaching, research and assistance.

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