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# Health care models and their relationship with hospital nursing management

*Modelos de atenção à saúde e sua relação com a gestão de enfermagem hospitalar*

*Modelos de atención de la salud y su relación con la gestión de enfermería hospitalaria*

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**ABSTRACT**

**Objective:** to think about care models and their relationship to working in hospital nursing. **Method:** this reflective study was conducted in June 2019 on the basis of the authors' in-depth reading, discussions of data and experience, guided by two approaches: historical considerations about the hospital, and the model of hospital care and nursing. **Results:** the traditional management model was found to be still deeply rooted in institutional life, although it is essential to consider its limitations, and necessary to move on to a model that aggregates the workers into a whole, so that they feel engaged and motivated by feeling co-responsible in, and fundamental to, the work process. **Conclusion:** it is necessary to introduce a more participatory management model, involving multi-professional teams in decision making and problem solving, as well as in formulating proposals for improvement.

**Descriptors:** Nursing; hospitals; hospital administration; human resources.

**RESUMO**

**Objetivo:** refletir sobre os modelos de atenção e suas relações com o trabalho em enfermagem hospitalar. **Método:** estudo reflexivo realizado em junho de 2019, a partir do aprofundamento das leituras, discussão dos dados e experiência das autoras, conduzido por duas correntes: Considerações históricas sobre o hospital e Modelo de atenção e enfermagem hospitalar. **Resultados:** verificou-se que o modelo tradicional de gestão ainda está arraigado à vida institucional, contudo, considerar suas limitações é essencial, fazendo-se necessária a transposição para um modelo que agregue o coletivo de trabalhadores, de modo que se sintam engajados e motivados por se considerarem corresponsáveis e fundamentais no processo de trabalho. **Conclusão:** é necessário a incorporação de um modelo de gestão mais participativo, com o envolvimento da equipe multiprofissional na tomada de decisão e resolução dos problemas, bem como na elaboração de propostas de melhorias.

**Descritores:** Enfermagem; hospitais; administração hospitalar; recursos humanos.

**RESUMEN**

**Objetivo**: reflexionar sobre los modelos de atención y su relación con el trabajo en enfermería hospitalaria. **Método:** estudio reflexivo realizado en junio de 2019, basado en lecturas, la discusión de datos y la experiencia de las autoras, realizado por dos corrientes: Consideraciones históricas sobre el hospital y Modelo de atención y enfermería hospitalaria. **Resultados:** se verificó que el modelo de gestión tradicional todavía está enraizado en la vida institucional, sin embargo, tener en cuenta sus limitaciones es esencial, y se hace necesario transponerlo a un modelo que agregue al colectivo de trabajadores, para que se sientan comprometidos y motivados por considerarse corresponsables y fundamentales en proceso de trabajo. **Conclusión:** es necesario incorporar un modelo de gestión más participativo, con la implicación del equipo multiprofesional en la toma de decisiones y la resolución de problemas, así como en la elaboración de propuestas de mejora.

**Descriptores:** Enfermería; hospitales; administración hospitalaria; recursos humanos.

## INTRODUCTION

In contemporary times, work has undergone transformations as a result of globalization, which has led to technological innovations and changes in work processes. Thus, seeking an independent, reactive and entrepreneurial profile has generated the need to develop competencies related to various professional fields, as required in each area, and this should directly impact one's health[1].

In particular, in the Latin American scenario, work suffers the impact of neoliberal policies as an advanced capitalist form. In this reality, there is the reduction of the workforce, unemployment, competitiveness and the consequent search for new forms of organization of work processes[2]. Additionally, in order to ensure competitiveness, better products and services, organizations tend to seek new care models and technology.

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In health care, such reality is not different. Advances in the scenarios of health care practices, especially in hospitals, have had an impact on work organization. In hospitals, where the organization of health care provision services brings together different forms of knowledge and professionals, technology and infrastructure, workers are the subjects of their own actions and their relationship with the environment[3]. In this context, it is observed that the number of activities, various professional categories, working conditions as well as the forms of organization and health care models can interfere in the nursing work process.

Health care models or intervention modes are understood as different technological combinations for different purposes, such as solving problems and meeting health needs in a given reality and of a specific population (individuals, groups, or communities), organizing health care services or intervening in situations, depending on the epidemiological profile and the investigation of health damage and hazards[4].

Regarding health care models focused on hospitals, researchers describe that hospital care has been designed based on normative elements that converge to the consolidation of an articulated network of health care services. However, at the same time, it aligns with a managerialist conception[5].

The impacts that health care models have on health professionals, especially on the nursing staff, can sometimes be negative, as they require a continuous process of adaptation of care provision forms in view of the increasingly greater complexities identified. It is also observed that different care models imply different organizational dynamics, thus impacting workloads, which can take its toll on workers[6].

The nature of the hospital environment is noteworthy, as it is strongly marked by verticalized models, focused on disease and treatment, permeated by work development pacts that put doctors in a privileged position, with little interlocution with professionals from other fields. Also, as regards nursing professionals, the users' fragmented view is observed, as well as issues such as the lack of policies for equal pay under the law[7]. Thus, the health care model offered to users at different services can have a positive or negative impact on the work organization of nursing professionals.

Managers play a crucial role in the organization of work and in the implementation of flexible and participatory care models that can create opportunities for workers, giving them greater responsibility, autonomy in decision-making, in their results and in their personal and professional development, consequently causing a positive effect on the care provided to users.

Given the above, this study aims to reflect on care provision models and their relationship with work in hospital nursing. To this end, we began by making a brief historical consideration of the work organization method in hospitals and later reflecting on how a care model can interfere with the management of nursing services.

## HISTORICAL CONSIDERATIONS REGARDING HOSPITALS

Hospitals are organizations whose role has changed and expanded in order to respond to the social changes of each era. For a long time, they were philanthropic, charitable and spiritual sites destined for social exclusion. The agents working in the hospitals were religious and/or lay people who provided care to ensure their spiritual salvation. Disease occupied the domestic space; medical practice consisted of the relationship between the patient and the physician, the sole agent in this work[8].

Due to the needs that emerged with the industrial revolution, factories required healthy workers to develop the production process. Thus, from the late 18$^{th}$ and early 19$^{th}$ centuries, the reorganization and reform of hospitals began, and they became therapeutic instruments, focusing on the workforce incapacitated by disease, with the purpose of replacing it in the production process. In summary, the clinical model of health care was based on the analysis of the organism's functioning, looking for the causes of disorders to restore it[8].

With reorganization, hospitals became spaces for teaching and experimenting with medical knowledge and practices. It was also a place to treat the sick body in its individual dimension, and the physician was the basic agent of the work in such care model, from which the actions of a group of other agents resulted, including nursing work.

While the clinical model of health care became consolidated, hospital administration was no longer ecclesiastical and the organization of health care work also conformed, based on scientific and classical theories. With this regard, in order to organize their work and adopt rationalizing strategies, nurses also based on Taylor's and Fayol's premises, which conformed the work organization method, referred to as functional method, with emphasis on task mastery and expressing only one aspect of labor division, as well as the existing social division in nursing work[9].

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This way of organizing work, through its division, also caused a division in men, making it impossible for them to manage their actions, since a new specialized element, the manager, was introduced into the work process. Management was incorporated with the goal and concern of enforcing authority, discipline, hierarchy, responsibility, planning, control and coordination.

All the characteristics of industrial work organization, from both the technical point of view (of tasks, in Taylor's view) and organizational structure (Fayol), were introduced and incorporated into hospital work organization from the 1920s, consolidated throughout the 20th century and are still present. Taylor contributed with a number of administration principles and characteristics that have brought management closer to science. Through scientific management, it increases productivity, contributing to efficiency and workers' wage increase[10]. Fayol, in turn, emphasized the unity of direction and command, non-financial incentives, decentralization and coordination, which still have great relevance today.

In any case, the Classic Management Approach has been criticized for being characterized as a means of exploiting workers to achieve maximum productivity for companies. Thus, in the attempt to correct such dehumanization, the theory of human relations emerged in the 1920s, considering the importance of human capital and its interrelations, values and group behavior[11]. However, criticism of this theory was also pointed out, such as the valuation of informal relations disregarding formal relations.

Due to the criticism of both the classical approach, for its technicality, and the humanistic approach, for its romanticism, the Theory of Bureaucracy was developed in the 1940s by Max Weber. For this philosopher[12], bureaucracy meant efficient organization and presented characteristics such as the legal character of rules and regulations, formality of communications, rational character and labor division, hierarchy of authority, standardized procedures, technical competence and meritocracy, aiming at maximum efficiency in the organization.

Like the other main theories that influenced work organization in health care institutions, the Bureaucracy Theory was widely criticized for disregarding informal relations, besides the rigid system of control and authority.

Despite the criticism, it is noteworthy that work organization and management in health care, especially in hospitals, have historically been influenced by the Taylorist model of classical administration and the bureaucratic model, bringing implications for the organization of nursing work, especially under the scope of work fragmentation, in the execution and division of tasks, in hierarchy, systematization and departmentalization, that is, workers began to have to perform their tasks individually and in the shortest time possible.

## CARE MODEL AND HOSPITAL NURSING

Hospitals are complex social organizations, and to develop their activities, they use sophisticated technology and extensive labor division among various professional categories, combined with a broad system of task and function coordination[13]. They are characterized by the strong concentration of decision-making power at the top of the structure and a large number of hierarchical levels, which hinders the flow of communication and information. These elements are still present in the organizational structures that have led to formalized and conflicting working relationships and restricted the possibilities of participation and articulation by the group of professionals.

The management process in these institutions is still strongly based on the clinical health care model, whose knowledge comes from anatomy, physiology, biology, pathology and pharmacology. Moreover, even today, hospitals are organizations that are subordinated to management focused on the control, standardization and routinization of the work process.

The logic of the traditional management model, based on Taylor's and Fayol's theories, as well as on Weber's Bureaucracy Theory, imposes a fragmentation on the nursing team's work process in hospitals, separating the conception and execution of work by hierarchy, by rationalizing administrative structures and emphasizing procedures and routines, in addition to workers' alienation as to their object of work, the patient. Communication is vertical, as are power and decision-making, with the staff taking orders from management.

From this perspective, when nurses perform managerial functions, they seek to achieve the institutional goals and solve other professionals' problems. Thus, nursing work is generally guided by bureaucratic rules, with greater valuation of norms and routines, a fact that influences management practice, not always meeting the needs of patient care.

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However, it is necessary to point out that, for the viability of the principles of the Unified Health System (SUS), the actions performed by institutions must focus on users' health care needs. With this regard, care integrality is presented as a strategy that makes it possible to learn about reality and organize health care. Therefore, the identification of priorities, based on the epidemiological profile of the territory, would allow the optimization of existing resources among the service units. It is the pursuit of universality so as to guarantee access not only to those who seek it, but also to those who need it most[14].

It is also noteworthy that, in hospitals, the integrality of health care depends on the team members' work and collaboration, as well as on the good articulation of their practices, but the use of this principle in such institutions is difficult to achieve, as it is associated with a great spontaneous demand in the daily routine of the work process[14,15].

In order to achieve integral care, health care models that efficiently respond to the entire work organization process are crucial, that is, models that integrate the participation of various professional categories in order to provide integral care. With this regard, hospital care models, such as the expanded clinic, where the focus is on the achievement of integral care through teamwork, should be pointed out[16].

However, it should also be emphasized that for an effective care model to be realized, the association of participatory management models is essential. For the nursing team, the implementation of this model will enable collective learning, while also allowing everyone to participate in decision-making.

Authoritarian management models, with defined command lines, have generated dissatisfaction and conflict in health care teams' work[17]. Thus, an urgent paradigm change is necessary to allow the implementation of an innovative management model that enables the participation of all professionals[18].

Participatory, shared management models foresee the restructuring of verticalized and rigid organization charts based on the classical management approach. A decentralized management model presupposes the lateralization of communication and the flattening of the organization chart. Thus, decision-making should be diluted among the different members of the interdisciplinary team in order to provide more complete information as well as a diversity of experiences and perspectives. Other advantages include increased legitimacy, as joint and democratic decision-making makes the group feel committed and co-responsible for the actions implemented[19].

From this perspective, working under a participatory model requires organization from both the leader and his followers. Nurses, as leaders and managers of their teams, must be able to act properly with other professionals, contributing to the development of skills and assisting them in the various actions that permeate patient care in the hospital setting.

In this context, communication can be considered a management tool that depends on democracy. Dialogue and deliberation, such as authentic exchanges between people, are not based on competitive performance, but rather on challenging conversations that often lead to new personal and social learning[20].

Another relevant aspect of the participatory management model is the decentralization of power that guarantees interprofessional collaboration. By focusing on reducing disparities and providing the staff with opportunities to express their perspectives, leaders can reduce power differentials among the various professional groups[21,22].

Despite what is foreseen in this innovative management model, several weaknesses can be found in hospital practice, especially for the nursing staff. Directive communication is still glimpsed in some institutions that have adopted the collegiate model. In addition, lateral or inter-unit communication is incipient, making collective decision difficult[18,23].

With this regard, dialogical communication, decentralized decision-making and power are fundamental principles to ensure the implementation of a democratic and shared management model in hospitals.

## CONCLUSION

The traditional health care model is rooted in institutional life, since, despite a great deal of criticism, it is a model that has worked to this day. However, considering its limitations is essential, and it is necessary to transpose into a model that aggregates the collective of workers, so that they feel engaged and motivated to consider themselves co-responsible and fundamental to the work process.

In the case of nursing professionals, who represent a significant contingent of people in the hospital context, the shift to a model that cares for the individual as a whole generates the need for a more participatory management model, with the involvement of the multiprofessional team in decision-making and problem solving, as well as in making proposals for improvements, so that everyone feels co-responsible for the decisions.

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But it is noteworthy that changes from traditional management models to more flexible, democratic ones are difficult to make, especially due to the resistance from those who do not understand the process. Therefore, persistence is essential, as well as are the continuity of proposals, the use of educational strategies aimed at effectively meeting all decentralized management assumptions and the furthering of knowledge on this topic so that there is greater support for practice through theory and the accumulation of experiences of the workers involved.

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