Nursing supervision in hospital settings: from the entry into the role to the organizational planning process

Supervisão de enfermagem hospitalar: do ingresso na função ao planejamento organizacional

Supervisión de enfermería hospitalaria: del ingreso a la función a la planificación organizacional

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ABSTRACT
Objective: to analyze nursing supervision in hospital settings and its implications for the organizational planning, based on the perspective of nursing supervisors. **Method:** qualitative-exploratory study, conducted with 13 nursing supervisors from a teaching hospital in the Central-West region of Brazil, in 2020. Inductive thematic analysis was performed. **Results:** Three themes were identified: Entry into the supervisory role, Skills required for supervision and Planning in the supervisory role. A normative perspective of planning was observed, focused on bureaucratic activities, as well as a lack of participation by other team members. Data revealed limitations related to the description of a reference to systematize the planning practice. **Conclusion:** based on the perception of the supervising nurses, training incentives and promotions are essential for entering the position, which enables and requires the development of skills. The process is not very democratic, lacks training and, therefore, impacts the responsiveness of the unit's planning process.
Descriptors: Health Planning; Hospitals; Hospital Administration; Nursing, Supervisory; Professional Competence.

RESUMO
Objetivo: analisar a supervisão de enfermagem hospitalar e suas implicações para o planejamento organizacional, na perspectiva de enfermeiros supervisores. **Método:** estudo qualitativo-exploratório, conduzido com 13 supervisores de enfermagem de um hospital de ensino na Região Centro-oeste do Brasil, no ano de 2020. Realizada análise temática indutiva. **Resultados:** foram identificados três temas: Ingresso na função de supervisão, Competências para a supervisão e Planejamento na função de supervisão. Observou-se perspectiva normativa do planejamento, com enfoque em atividades burocráticas e ausência de participação dos demais integrantes da equipe. Os dados revelaram limitações relacionadas à descrição de um referencial para sistematizar a prática do planejamento. **Conclusão:** na percepção dos enfermeiros supervisores, os incentivos e o fomento à capacitação são fundamentais para o ingresso na função, o que permite e exige o desenvolvimento de competências. O processo é pouco democrático, carece de capacitação e, por conseguinte, reflete na capacidade responsiva do planejamento da unidade.
Descritores: Planejamento em Saúde; Hospitais; Administração Hospitalar; Supervisão de Enfermagem; Competência Profissional.

RESUMEN
Objetivo: analizar la supervisión de enfermería hospitalaria y las implicancias para la planificación organizacional, desde la perspectiva de los supervisores de enfermería. **Método:** estudio cualitativo-exploratorio, realizado con 13 supervisores de enfermería de un hospital universitario de la Región Centro-Oeste de Brasil, en 2020. Se realizó análisis temático inductivo. **Resultados:** se identificaron tres temas: Ingreso a la función de supervisión, Competencias para la supervisión y Planificación en la función de supervisión. Se observó que había una perspectiva normativa de planificación, centrada en actividades burocráticas y falta de participación de otros miembros del equipo. Los datos revelaron limitaciones relacionadas con la descripción de un marco para sistematizar la práctica de planificación. **Conclusión:** según la percepción de los supervisores de enfermería, los incentivos y promoción de la capacitación son fundamentales para el ingreso a la función, lo que permite y requiere el desarrollo de competencias. El proceso es poco democrático, carece de capacitación y, por lo tanto, refleja la capacidad de respuesta de la planificación de la unidad.
Descriptores: Planificación en Salud; Hospitales; Administración Hospitalaria; Supervisión de Enfermería; Competencia Profesional.

INTRODUCTION

Nursing supervision can be considered a managerial role that contributes to the planning, implementation and evaluation of comprehensive care aimed at users and, above all, to guiding the work of the nursing team[1] at different hierarchical levels in health services. The role of supervising the nursing team is considered an activity exclusive to nurses, according to Law No. 7498, of June 25, 1986, which regulates the practice of Brazilian nursing[2].

In hospital settings, the performance of this role often extends beyond the activities that make up direct nursing care; and this may be related to the skills inherent to the profession such as leadership, a broad vision of the service, shared decision-making, coordination with multi- and interprofessional teams, among others[3-5].

Therefore, scientific literature has highlighted that nursing supervision in the hospital context reveals direct benefits for reducing costs, increasing patient safety, preserving worker health and improving the control of quality indicators in the nursing and health sector[3-6]. In view of these contributions offered by nursing supervision, the need to improve the performance of this role is highlighted, especially in view of the challenges that impact its practice such as unprepared professionals, deficiencies in academic training and in the development of managerial skills, limited autonomy and work overload[7].

Regarding the managerial knowledge that is essential for the nursing supervision practice in the hospital context, the planning stage stands out[8,9], which comprises the first function of the administrative process, in which the goals for the organization are defined, as well as the tasks and resources necessary to achieve them accurately[10]. In nursing, in particular, planning can be stratified into two main categories: the first refers to care planning, also known as the nursing process; and the second one refers to the organizational perspective, that is, it is linked to the coordination of the nursing team and/or the health unit with the aim of providing care[11], the latter being the object of investigation of the present study.

Both health planning and nursing planning are carried out by teams and are conditioned, among other aspects, by the scope of action in the health service[11]. Among them, three different levels must be considered, namely: 1) Strategic level – which corresponds to the highest level and maintains greater contact and interaction with the external environment, being represented by the top management; 2) tactical level, which is responsible for the internal articulation between the institutional and operational levels - it involves decisions about education and division of resources at an intermediate or departmental level, therefore, making up the management team; and 3) operational level, focused on the production of services and products and, thus, related to the design and assignment of positions and functions, plans, means and implementation procedures (supervision)[10,12].

Given the need to fill gaps related to the managerial practice of nurses and, above all, due to the relevance of the planning process for the performance of nursing supervision, which has been little evidenced in scientific research, this study aimed to analyze nursing supervision in the hospital context and its implications for the organizational planning from the perspective of supervising nurses.

METHOD

Descriptive, exploratory study with a qualitative approach, guided by the *Consolidated Criteria for Reporting Qualitative Research* (COREQ)[13]. The setting was a university hospital located in the Central-West region of Brazil, which provides services to the population through the Sistema Único de Saúde (Portuguese Acronym: SUS) (Unified Health System), offering around 200 beds for hospitalization and medium and high complexity care.

In this institution, the nursing division is responsible for managing the nursing team and, therefore, is technically and ethically responsible for all nursing services. Nursing professionals are assigned to divisions, sectors and units, whose stratification refers to the different hierarchical levels of the institution, with the unit being subordinate to the sector and the latter to the nursing division/management, according to the institutional organizational chart.

The nursing staff consists of 299 nurses, 593 nursing technicians and 218 nursing assistants. The nurses are distributed among the following roles: nurse responsible technician (head of the nursing division), supervising nurse (nurse supervisor of divisions, sectors and units), health care nurse and nurse specialist, the latter being the professional who took a public exam for a specific position, which required specialization, according to the requirements defined in the public notice.

The study included nurses assigned to the nursing supervision role of units affiliated to the referred service. It is noteworthy that the nursing supervisors of units make up the operational level, according to the concept adopted in this study; and in view of their attributions, according to internal regulations, which include: carrying out systematic mapping of the nursing team, recording attendances and absenteeism, the number of beds in active use and that are occupied, the number of visits, the profile of patients assisted and risk scales; applying or guiding the nursing assistants in the application of the Patient Classification System that best suits the profile of patients and services and that allows the calculation of daily sizing and distribution of tasks/activities proportionally among the different members of the

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nursing team; guiding nursing professionals to provide care aligned with evidence-based practice and the resources available at the institution; among others.

According to a list obtained from the nursing division, the research scenario showed that 21 nurses performed the role of nursing supervision at the unit. The following inclusion criteria were adopted: nurses who were part of the institution's staff and who performed the role of nursing supervisor at the unit for at least 90 days; while the exclusion criteria were: professionals who were away from the sector during the data collection period for being on vacation, presenting a medical certificate or being on leave.

Data collection was carried out between March and August 2020 by an undergraduate nursing student and two health care nurses from the institution, who had no hierarchical relationship with the participants, nor reasons or interests that could influence the research topic.

The interviewer conducted the interview using a semi-structured script, composed of two sections, namely: 1) socio-professional identification and 2) core issues regarding the objectives of this study - *describe your career path* and *what is your experience in the supervisory role (was there any preparation to occupy such a role?; what are the necessary skills required for nurse supervisors to perform care management? Do you know of any proposed theoretical framework/model to be used in the planning process of the sector?*

This instrument was developed specifically for this study and was subjected to a pilot test with two nurses who held supervisory positions in another institution to adapt it in terms of clarity and assertiveness with the aim of achieving the study objective, as well as to assess the interviewers' preparation regarding the methodological issues related to the qualitative approach. It is worth noting that the data from the pilot test were not considered in the data analysis.

Before starting the data collection stage, the interviewers were trained by two PhD researchers from the study team who had experience in qualitative research. This training was carried out through meetings, in which the theoretical frameworks that encompassed ethical issues, methodological aspects of the study and approach to the participant were discussed.

The individual interview technique was used, in the participant's own sector, prioritizing a private space where only the participant and interviewer were present. To this end, prior contact was made to align these aspects and schedule the interview according to the participant's best availability. The interviews were recorded using a mobile phone application. In addition, a field diary was used to record observations during data collection. There was no need to redo any interview.

It is worth noting that no data saturation criterion was applied, since all eligible study participants were included. Therefore, the number of participants is representative and supports conceptual generalization, considering the institution's organizational structure model.

The data were transcribed to form the *corpus* of analysis, which were not returned to the study participants to validate the content collected individually. Subsequently, the data were subjected to inductive thematic analysis[14], without the support of qualitative analysis software.

Inductive thematic analysis considers the following stages: transcription and deeper analysis of the data; creation of codes focused on characteristics that are part of the data in a systematic manner across the entire data set; search for themes using grouping codes; review of themes to generate a thematic map; naming of themes and analysis aimed at improving the characteristics of each theme; and, finally, final analysis of the selected fragments in relation to the research guiding questions and the literature. This thematic analysis is a methodology that codes data without the intention of incorporating a preexisting coding structure or analytical predefinitions of the researcher[14].

Thus, the data set was read exhaustively to identify patterns of meaning and matters of potential interest. Considering the proposed objectives and the elucidation of the data, the coding stage followed, as shown in Figure 1.

Data extract	Coding
"I had no preparation to take on the role, I was invited because there was no one else available and they asked me to take on the role as there was some difficulty in finding someone..."	1. Lack of training 2. Lack of test or public exam for the position

Figure 1: Example of coding, according to the inductive thematic analysis technique. Brasília, DF, Brazil. 2020.

From this, it was possible to develop an initial thematic map, which showed six potential themes based on 28 codes that were grouped by semantic approach: training/responsibility deficit (lack of training, absence of a supervising nurse position, absence of test or public exam for the supervisory position and experience acquired for the supervisory position), skills required for the nurse supervisor (leadership, self-knowledge/search for intrinsic characteristics, conflict management, negotiation, holistic view, observation, feedback and planning), interpersonal relationships (professional-patient relationship, acceptance of the nursing team, communication between professionals and management, relationship between the multidisciplinary team, communication between management and supervising nurse in the nursing process), planning (knowledge and importance of planning, participatory planning, sector organization, tools, planning based on legislation), situational strategic planning (practice, knowledge), management tools (use of indicators, professional training, institutional support, intervening factors, theory vs. practice).

Then, a detailed analysis of all the extracts was carried out to verify whether the themes would remain unchanged, or whether some would need to be combined, refined and separated or even discarded, leading to the creation of a thematic map.

The research protocol was approved by the Research Ethics Committee (Portuguese Acronym: CEP) of the School of Health Sciences of the Universidade de Brasília, under report no. 3.815.013 and Certificate of Presentation for Ethical Assessment (Portuguese Acronym: CAAE): 25608619.6.0000.0030. The research participants were presented with the objectives of the study and provided with pertinent information; and only after signing the Free and Informed Consent Term, the interview was conducted.

RESULTS

Among the nurses, there was one loss due to refusal to participate in the research and the following were excluded: one for being on vacation and six for having been on the unit's staff for less than 90 days. Among the 13 participants, twelve were women and one was a man, with an average age of 37 (+9.9) years. The time since graduation in nursing ranged from two to 42 years, while professional experience ranged from two to 41 years, with time in the nursing supervision role ranging from four months to 18 years. Regarding professional training, 11 participants reported having taken a specialization course in some nursing-related area, and two reported having a bachelor's degree as their highest academic title.

The average length of the interviews was 14 minutes. After reviewing the themes, considering the coherence of the extracts with the themes and the validity of individual themes in relation to the whole set, it was possible to refine the thematic map, allowing for the identification of three main themes: Entry into the nursing supervision role; Skills required for nursing supervision, and Planning in the supervisory role. The final thematic map is shown in Figure 2.
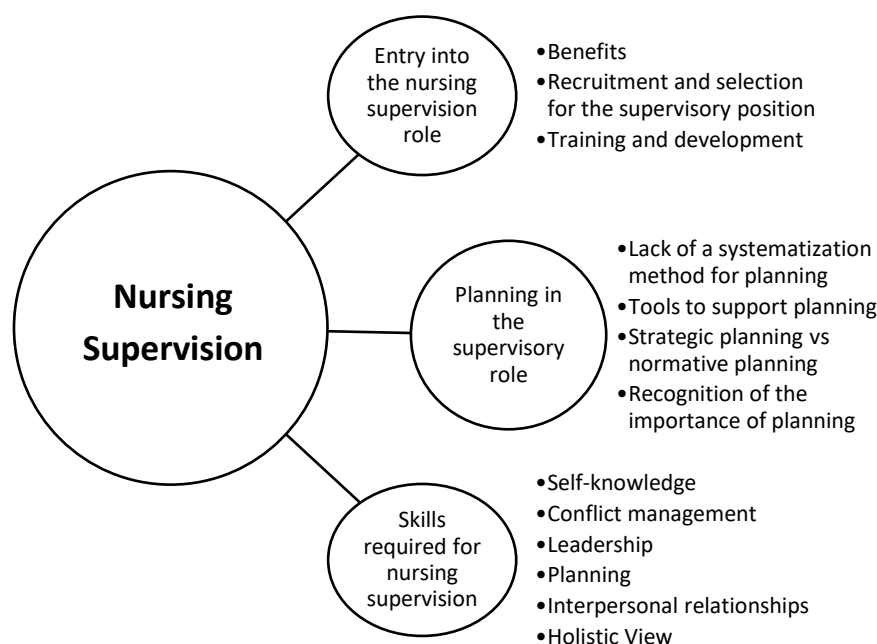

Figure 2: Summary of the thematic map related to the planning process in the nursing supervision practice in hospital settings. Brasília, FD, Brazil. 2020.

Entry into the nursing supervision role

This theme revealed elements related to the beginning of this career path regarding the selection stage, incentives and training aimed at carrying out the supervision role, which proved to be fundamental for the performance of this function in a satisfactory manner. It also pointed out individual characteristics that facilitate or hinder the nursing supervision practice and the need for training and institutional support aimed at this practice.

Participants mentioned that the recruitment process for supervisory roles takes place internally through an invitation made by the nursing division or by the immediate superior. It is noteworthy that the supervising nurses did not specify the requirements for this decision, although some emphasized that it was made considering the professional profile of the candidates.

> [...]I was invited to come here and take on the supervisory position [...] (E01)

> [...]I spent almost a year at the unit, in the care delivery area. Then I was invited [to join the role] because they believed I had the right profile. (E04)

> The supervisor who was in the position took on another position outside the unit and she invited me, along with the boss at the time, to be the unit's supervisor. I accepted the invitation and I've been here for a year and a half now. (E06)

Although supervision is recognized in practice, according to the interviewees, this role does not have any benefit or institutional incentive of a financial nature. Furthermore, the interviews also revealed the fragility of the training process for taking on the role of nursing supervisor.

> I came back from maternity leave and was invited for this position [...] because here, whether we like it or not, it is a position for which we do not receive any compensation. (E09)

> [...]here there is no such position as a supervising nurse, there is an internal organization that has this figure of a supervising nurse, who organizes care delivery, organizes the nursing team, but there is no specific role. (E03)

> [...]I was then invited to take on the role of nursing supervisor because they believed I had the right profile, that I had a more holistic view of the sector. [...] (E04)

> [There was] no preparation. A supervising nurse who already had some routine knowledge spent two days with me, explaining some of the practices she performed, how she managed her time with scheduling, but regarding the management issue, she spent a short time [explaining it]. (E04)

Skills required for the nursing supervision

According to the data, the skills required for the nursing supervision position were identified as a set of actions, abilities and/or tools that can be innate or acquired. For the interviewees, some skills were developed throughout their professional experience, as well as while performing the supervision role itself or, even, perceived by the difficulties faced in the daily routine due to not having them. Thus, the skills mentioned in the interviews are justified, either identified as strengths or weaknesses perceived in the nursing supervision practice.

> So, skills are both innate and acquired; some people have more ease, and others find it a bit harder to learn. Every human being is capable of learning anything, so I think one goes hand in hand with the other. (E05)

> I think both in terms of innate and acquired skills, some people get here without [this experience], because nurses have to be agile, they must be aware of several things at the same time, and also have the power to resolve issues. Some people get here without this experience and acquire it easily over time. I don't think it's a place where you'll have difficulty adapting. It's really a matter of time, of daily practice. (E08)

> I think many of them are innate, but some can be acquired. [...] (E09)

Regarding the skills required for the nursing supervision role according to the analysis of the interviews, self-knowledge, conflict management, leadership, planning, holistic view and interpersonal relationships were highlighted.

> I think we must look for intrinsic characteristics [...] (E01)

> [...]I believe that there must be expertise in conflict management, in making the work schedule, there must be some training based on the needs of the sector, something like that. (E03)

> Planning [...] is important to improve skills aimed at making a plan and developing it as planned, there are several skills that can be developed in this management process, because there is the leadership skill[...] (E11)

[...]for me, this is the biggest challenge: the relationships between the team. Because sometimes you plan something, but there is some friction between the team, which makes things difficult, in addition to the lack of resources. (E12)

It was also identified that the development of skills for supervision requires professionals to continuously qualify themselves, whether through courses and scientific activities, or through institutional support in continuing education practices.

Through courses; you have to be always improving yourself, being updated, participating in congresses, checking the innovations. (E01)

In terms of continuing education, the sector is sorely lacking in this type of education, professionals must be approached to find out what is really going on here. So, the best way, in my opinion, is through meetings and more continuing education practices. (E04)

Always seek learning, updating. (E05)

[...]so, it's important for us to take refresher courses, training courses, read articles and in terms of practice, we learn it day-to-day, in each situation. (E06)

Planning in the supervisory role

As a result of the way through which the supervisor takes on the position and, consequently, of the qualification of the professional who joins nursing supervision, implications can be inferred in terms of knowledge on the subject and the planning practice at the unit.

Participants associated supervision planning, in the context of the administrative process, with fundamental aspects of management such as evaluation, objectives, flexibility, control, resource management, among others.

Planning involves making a forecast to keep the sector organized, making sure patients are not left without assistance, controlling materials to provide better quality care and dealing with the lack of supplies daily. To do this, we must forecast this situation of lack of supplies that we experience.[...] (E04)

I believe that this is the main meaning and the real importance of planning - to guide our actions. This way, we can make an assessment, because if you make a plan, you're predicting that you'll do something and you can later assess whether you did it or not, whether it worked or not. Having this feedback, this evaluation, is also very important after the planning stage. (E11)

A tendency towards normative planning was observed, focused on bureaucratic activities and a lack of participation by other members of the nursing team. It is worth mentioning that one interview conceptualized the methodology of situational strategic planning; however, it did not detail its applicability in the daily management practice. It was also found that knowledge on planning is attributed to previous training processes, independently of training programs offered by the institution.

We do all the planning based on legislation. So, we try to plan all our care delivery process as much as possible. We do the planning during the bidding process for all materials and supplies, because since we are so specific, if one card is missing next year, we simply won't be able to make it, the hospital will stop because there won't be any transfusions, so we do the bidding planning a year in advance. (E01)

Situational strategic planning generally includes a diagnosis of the problems aimed at setting goals and making a plan, then we check whether those objectives were achieved or not, we assess that plan and finally check whether it was effective or not. (E02)

Not at the moment, since I'm just starting out, I really don't have any references. I know some, I've studied them too because we study them in our training. But I can't give you a specific one off the top of my head[...] (E11)

Regarding the use of management tools that could contribute to planning, limited knowledge was revealed, with emphasis on the use of indicators, reports, relevant legislation, in addition to a mention of the 5W2H management tool.

[...]this sizing is done in relation to the number of professionals, organizing the work shifts; we create this continuing education program for training, to qualify the nursing team, thus improving care. That's basically it. (E02)

The nursing team takes as reference our indicators, the needs and errors that occurred previously and the legislation, that is, what the laws recommend. (E01)

[...]in this action plan that was suggested for our unit, there is that 5W2H planning model, and I am now trying to follow this line, using indicators, monitoring fall risk, using wrist tags, monitoring phlebitis. (E04)

DISCUSSION

The literature shows that the learning process that transcends maturation through time of experience enables a greater range of repertoires in the performance of professionals in management positions, better support for decision-making and greater flexibility in different contexts[15]. It is also observed that characteristics such as level of education and specific training for management position practices are associated with better evaluations of managers by their peers[16], which contrasts with the professional profile of the participants in this study.

It is stated that the nursing supervision practice requires managerial skills from the supervisor, given the changes in the managerial training of nurses[17], to expand the ability to produce better results in the care environment. Among the managerial skills essential to the supervision practice, according to the perspective of supervising nurses at a hospital in northwestern Paraná, Brazil, leadership, decision-making, communication, planning and organization stand out[18]. In another study, from the perspective of professors at a Public Higher Education Institution in the interior of São Paulo, the following were listed as priority managerial skills: communication, managerial decision-making, leadership and interpersonal relationship, the latter being essential in the context of conflict management[19]. These data converge, in part, with the skills listed by the supervisors in the scenario of this investigation; except for self-knowledge, which was highlighted in the study in question.

Corroborating this finding, qualitative research conducted in tertiary hospitals in Pakistan identified that self-awareness was considered an essential skill by nursing managers, since they deal with complex issues that require effective action[20]. It is noteworthy that self-awareness - in the sense of recognizing skills, personal difficulties and the self-awareness of socio-emotional aspects - contributes to improving interpersonal relationships between teams and patients, in addition to providing an opportunity for self-development[21].

The process of self-development is essential for nursing supervisors, since the acquisition of skills for this role begins during undergraduate studies and requires continuous improvement from professionals during their professional practice, as highlighted by the study participants and established in the scientific literature. However, significant gaps related to managerial skills for nursing supervision are often observed during training[17], which increases the need for the field of 'skills' to be explored by educational and health institutions, since performing managerial positions implies developing technical-scientific, socio-educational and ethical-political skills that can lead the organization to achieve positive results[22].

In the context of organizational management, identifying areas with a lack of professional development becomes relevant to guide the planning related to educational processes in service. Despite the importance of training programs, continuing education programs, among other activities aimed at professional improvement for the exercise of nursing supervision, weaknesses were observed in the people management model, since most professionals took on the role by invitation and had no sort of training for this purpose.

A study conducted in the United States found that opportunities for training / continuing education are a factor that strongly influences the process of retaining nurses in public health organizations[23]. It is known that the lack of investment in training contributes to nurses feeling insecure about practicing their duties, which causes wear and tear in their daily work process due to feeling exposed to occupational risks and, consequently, generating an impact on their physical and mental health[24]. To this end, it is essential that the organizational management includes specific training in its recruitment program and supports the development of managerial skills throughout the practice of the supervisory function.

As evidenced in the scenario of this investigation, other authors have highlighted that, recurrently, leadership positions in public services are not based on skills, that is, the important characteristics to verify whether the professional is fit to perform the function often fail to be analyzed[25]. It is also important to notice that the institution fails to promote institutional incentives of a financial nature, as highlighted by the participants. It is known that the lack of organizational rewards influences the satisfaction of nursing professionals[26] and, therefore, may represent a weakness in terms of interest and admission to this function, as well as in terms of improving and qualifying their performance.

It is worth noting that the role of managing nursing services may lead to work overload, increased exposure to conflicts, and struggles caused by the emotional pressure and tension associated with this role, which can compromise the mental health of these professionals[27,28]. Therefore, this recognition by the top management is essential to provide an organizational culture that values the managerial practice of these professionals, who make significant contributions to the organizational processes[29].

The aforementioned aspects regarding the institution's people management model can help us understand the knowledge and practice related to the organizational planning process carried out by nursing supervisors in the studied scenario. Supporting these findings, a mixed-methods study conducted in two hospitals in Brazil and two in Portugal showed, in the quantitative stage, that the planning process is present in the work of nurse managers, presenting a higher average compared to the other dimensions analyzed (people management, materials management, care processes management, quality management and leadership). This analysis was found in three of the four participating institutions. Despite the relevance of planning for the exercise of the function, when analyzing the data in depth through qualitative analysis, the authors concluded that these professionals need structural support and continuing education to develop skills that can contribute to improving the role of the nurse managers[8].

It is known that organizational planning is considered a fundamental management skill, essential for the nurse's work process[30]. The supervising nurse must identify the priorities of nursing care and, to do so, must have a broad view of the service routine, carry out organizational planning and make an assessment of care duties and management tasks. In this sense, planning is one of the tools that supports decision-making, in addition to prioritizing strategies, thus aiming to achieve a definite and more effective result[31]. It is understood that planning represents the first phase of the administrative process and, therefore, it is an essential activity for managers/top managers[32].

Following the logic that more effective results are achieved when they are consistent with the institution's reality and considering that the success of a planning process is associated with the high degree of governability of its planned actions, strategic planning gains prominence in the management process[33]. It is worth mentioning that the situational strategic planning method was widely thought of and encouraged among the public sector in a macropolitical situation, but poorly discussed in the nursing supervision practice. This has significant impacts on professional practice which, when present, reveals the predominance of normative planning.

Nursing supervisors who fail to incorporate planning into their work process underestimate a powerful tool for evaluating their own performance as well as their team's and, therefore, fail to establish parameters for evaluating expected activities compared to those actually performed[20]. Acquiring specific knowledge on strategic planning methods and incorporating them into the practical process can bring important benefits to the quality and safety of hospital care.

This study identified organizational management indicators related to people management practices, especially regarding the process of recruiting and training professionals, as well as skills required for nursing supervision and planning practices aimed at supervisory roles. Despite representing a micropolitical context, the literature discussed shows that the indicators pointed out here are also part of the reality of several other Brazilian scenarios, thus alerting to the need for educational and health institutions to create spaces for training and continuing education that meet the requirements of both the market and the health and nursing care sector, in the search for more effective care settings.

Study limitations

The results may present limitations regarding the generalization of data, since this is an environment in which a management model for taking over unstructured positions is developed. However, it brings substantial value to understanding the importance of systematizing this process, based on a hospital management model that includes an organizational reward policy (financial and non-financial), as well as investments in training, so that supervising nurses feel motivated and prepared to perform their duties in a qualified manner.

CONCLUSION

It was noted that the process of entering the nursing supervision role is not very democratic and is often followed by a lack of training to perform the role. However, professionals recognize the need to develop skills for supervision such as self-knowledge, conflict management, leadership, planning, interpersonal relationships and holistic view, and highlight the importance of continuous improvement for this process. Despite this recognition and considering the model used in the admission process, a limited practice of organizational planning was identified. A normative perspective of planning was observed, focused on bureaucratic activities, as well as a lack of participation from other team members, resulting in a lack a reference to systematize the planning process in the daily routine of supervising nurses.

It is beneficial to reflect on the people management model of the organization, which, as a result, is related to the acquisition of essential management skills required for nursing supervisors, which may contribute to the qualification

of the planning process in the nursing supervision practice performed in a hospital context with the purpose of obtaining better care results.

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Research Article
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Artículo de Investigación

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Nursing supervision in hospital settings

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Author's contributions