

Nursing supervision work process in polyclinics: limits and possibilities


Processo de trabalho de supervisão de enfermagem em policlínicas: limites e possibilidades

Lidiana Almeida Sacramento¹ 

Wilton Nascimento Figueredo² 

Maria Lúcia Silva Servo³ 

Tássia Teles Santana de Macêdo⁴ 

Elionara Teixeira Boa Sorte Fernandes⁵ 

¹Enfermeira (Feira de Santana). Bahia, Brazil. lidianadl Almeida@ymail.com

²Corresponding author. Universidade Estadual de Feira de Santana (Feira de Santana). Bahia, Brazil. wnfigueredo@uefs.br

³Universidade Estadual de Feira de Santana (Feira de Santana). Bahia, Brazil. mlsservo@uefs.br

⁴Escola Bahiana de Medicina e Saúde Pública (Salvador). Bahia, Brazil. tassiamacedo@bahiana.edu.br

⁵Universidade do Estado da Bahia (Guanambi). Bahia, Brazil. eboasorte@uneb.br

ABSTRACT | OBJECTIVE: to describe the limits and possibilities of the nursing supervision work process in polyclinics. **METHOD:** descriptive, exploratory and qualitative study, realized in five polyclinics of a large city in the state of Bahia, Brazil. Semi-structured interviews were conducted with the five nursing supervisors and analyzed using the content analysis technique. **RESULTS:** the nursing supervisors reported as the main limits for their work the resistance of the team to participate in educational events, a precarious relationship between user demands, insufficiency in the number of nursing staff, difficulty in regulating users, ineffective human and financial resources. Among the possibilities, communication, interpersonal relationships and good coordination between management and coordination were reported. **CONCLUSION:** the limits found confirm the difficulties encountered in the management of health services, as well as attesting the complexity and need of nursing management to promote good practices for qualified care.

DESCRIPTORS: Nursing. Nursing supervisory. Health centers. Health services administration. Organization and administration

RESUMO | OBJETIVO: descrever os limites e as possibilidades do processo de trabalho de supervisão de enfermagem em policlínicas. **MÉTODO:** estudo descritivo, exploratório e de abordagem qualitativa, realizado em cinco policlínicas de uma grande cidade do Estado da Bahia, Brasil. As entrevistas semiestruturadas foram realizadas com as cinco supervisoras de enfermagem e analisadas pela de técnica análise de conteúdo. **RESULTADOS:** as supervisoras de enfermagem relataram como principais limites para o seu trabalho a resistência da equipe em participar de eventos educativos, relação precária entre demandas de usuários, insuficiência no quantitativo da equipe de enfermagem, dificuldade na regulação de usuários, recursos humanos e financeiros ineficazes. Entre as possibilidades foram relatadas a comunicação, o relacionamento interpessoal e a boa articulação entre a gestão e coordenação. **CONCLUSÃO:** os limites encontrados ratificam as dificuldades encontradas na gestão dos serviços de saúde, assim como atestam a complexidade e necessidade da supervisão de enfermagem em promover boas práticas para um cuidado qualificado.

DESCRITORES: Enfermagem. Supervisão de enfermagem. Centros de saúde. Administração de serviços de saúde. Organização e administração.

Introduction

The conceptions about supervision reflect the organization of the work process of health supervision in Brazil and constitute a rational thinking based on administrative theories, which are based on instrumental rationality¹.

Supervision can be traditional and social. The traditional supervision work process involves planning, execution and evaluation of the activities to be carried out, using techniques and instruments that aim to measure efficiency and effectiveness, providing the individual, group and interpersonal relationship development of the nursing team and quality of the intervention provided to users of the health system. In turn, the work process of social supervision seeks to develop horizontal relationships between professionals, by bringing closer and sensitizing the health team in the resolution of users' health demands and needs with comprehensive, universal and equitable actions¹⁻³.

Thus, nursing supervision is an important administrative tool for conducting quality care and assumes particular characteristics in relation to how to execute it; the agents responsible for its exercise can occupy different positions and act at different hierarchical levels. As a work instrument, nursing supervision was constituted from the emergence of administration, being a specific field of knowledge and practice⁴.

In the administration of nursing services, supervision or management corresponds to one of the nurse's main functions, with technical responsibility in health institutions, planning education activities, sizing nursing staff, in addition to carrying out performance evaluation roles and providing the organization of physical, financial and material resources⁵.

According to Law n. 7,498/866, which regulates the professional practice of nursing staff, the nurse

is privately responsible for planning, organizing, coordinating, executing and evaluating nursing care services in public and private health institutions and in health programs. Therefore, care and management activities, as direct care to people and supervision, for example, are important presuppositions for the provision of quality nursing services to patients in various health services, such as hospitals, basic health units, emergency care units and polyclinics.

In general, polyclinics "aim to provide medium complexity services in the region's health network, expanding outpatient access to various medical specialties and examinations seeking greater patient health care"². In other experience cases⁸, polyclinics can act as urgency and emergency units, operating 24 hours and as a gateway to stabilize critical patients until their transfer/regulation to specialized units, thus composing an organized health care network⁹.

In urgency and emergency care units, management nurses need to deal continuously with daily problems about care, the large flow of patients treated⁹, the lack of human, physical and material resources⁵, and organizational problems of the health care network⁴. Therefore, nurses who act as supervisors of these services need to develop diverse skills such as leadership, initiative, maturity and emotional balance.

In view of these considerations, this theme was chosen for study because it recognizes in nursing supervision an important technology for the nurse's work, particularly for those who occupy the position of nursing supervisors in polyclinics.

Taking these reflections as references, this study aims to answer the following question: what are the limits and possibilities of the supervision work process reported by nurses of polyclinics?

Thus, this study aims to describe the limits and possibilities of the nursing supervision work process in polyclinics.

Method

This is a descriptive, exploratory study with qualitative approach.

The study was carried out in the polyclinics of a large city in inland Bahia. The six polyclinics of the city are located in the urban area, are administered by the municipal management, perform outpatient care in various medical specialties, organize emergency flows and some also work 24 hours as emergency care.

The population was composed of the supervising nurses of the six polyclinics that met the inclusion criteria: occupy the position for at least six months (time considered by the researchers as necessary to know the management processes) and fully exercise the position. One supervisor was excluded because she was on leave at the time of data collection. Thus, the participants of this study were five nursing supervisors.

Data collection was performed through a semi-structured interview during May 2015 and June 2015 and with the following questions: "what are the limits you experience in the nursing supervision process? What are the possibilities found in the nursing supervision work process that you develop?" The interviews were carried out in a private room, at a previously scheduled time, recorded in MP3 format and later archived in CD-ROM format. The mean time of each interview was 15 minutes.

Data analysis was performed by the content analysis technique, according to Minayo's studies¹⁰. It was systematized in three stages: ordering, classification and final analysis of the data. The ordering of the data involved the transcription of the recorded interviews and the reading of the empirical material. The classification of the data was the longest phase. An exhaustive reading of the empirical material was made based on the theoretical framework and the assumptions of the study. The most important and relevant themes were raised with a design of the thematic units: resistance of the nursing team to participate in educational events and resistance to change; ongoing health education. The thematic units described allowed creating two analytical categories: limits of the work process and possibilities for the

supervision work process in polyclinics according to the supervising nurse. The final data analysis was based on the interpretation of the results obtained through the articulation between the empirical and theoretical materials.

The anonymity of the participants and the health units surveyed was ensured, thus naming participants according to elements of the solar system, namely: Sun, Moon, Star, Comet and Venus, and health units from A to E. Furthermore, all participants agreed to participate in the research by signing the Informed Consent Form.

The ethical aspects were preserved in this research and in accordance with resolution n.466/2012 of the National Health Council, obtaining, therefore, approval from the Research Ethics Committee of the State University of Feira de Santana with the research registered under opinion n. 1.084.055 (CAAE 42651715.8.0000.0053). In order to ensure accuracy in qualitative research, the checklist of qualitative research present in the Consolidated Criteria for Reporting Qualitative Research (COREQ) guidelines was adopted.

Results

The five supervisors interviewed had a nursing degree, aged between 25 and 45 years, three female and two male. The average time of professional practice as supervisor of the polyclinic was between 6 months and 3 years.

Limits of the supervision work process in polyclinics

Regarding the situations that generate limits, the following stand out: resistance of the nursing team to participate in educational events, resistance to change, precarious relationship between user demands and number of the nursing team, difficulty in regulating users and ineffective human and financial resources. The following fragments highlight these factors.

[...] so this ends up problematizing our supervisory process, [...] sensitizing this person ends up being hard, with 30 years of practice [...] this person ends up not attending courses, when waiting for change [...]. (Sun)

[...] the long-standing bad habits of some technicians; The technicians with more time in the house, we face some difficulties in this regard; we have to correct them and sometimes we are unable to. (Star)

[...] work these failures through the ongoing and permanent education of employees [...] some trainings, some courses, updating throughout the year, in addition to the internal ones throughout the year [...]. (Venus)

The precarious relationship between user demand and nursing team was another aspect pointed out by study participants as limits for developing supervision work process performed by nurses in polyclinics at the local level. This is observed in the following statements:

[...] who decides the patient's entrance door is the patient himself. [...] there are many demands, sometimes of patients who have an outpatient need, his problem is primary care [...] because it is a 24-hour service and it has a very high demand. So I think it is one of the most difficult coordination we have today [...]. (Moon)

There are limits in personnel management, which is a limited number of professionals so far, where we work with a demand of professionals below our need, which greatly increased the service, that is, I would need more professionals, nurses [...]. (Comet)

Another limiting factor for the development of the supervision work process in polyclinics at the local level in the view of the supervising nurse is the difficulty in regulating users, as described in the following fragments:

[...] another difficulty is the support issue that the emergency care has to have in relation to hospital units, today our reference is Cleriston Andrade, the fact that we need to transfer this patient who needs hospital care and we sometimes do not get this bed so easily. (Moon)

[...]concerning patient regulation, we have a certain difficulty, because Cleriston is the only reference hospital [...]. (Comet)

Possibilities for the supervision work process in polyclinics

Communication, good interpersonal relationships, interaction with nursing team members, support from the central coordination of the Municipal Health Department, general coordination of polyclinics and satisfaction in the work developed were highlighted as possibilities for the proper development of supervision, as reported by the interviewees:

[...] we have a good relationship, which makes it much easier [...]. (Star)

[...] the greatest ease I have today is the team I work with [...] if you do not have a good and qualified team, in the sense of being really willing to solve the problems, getting to work and trying to solve the problems within my possibilities, so I think this support is very large, within the team itself [...]. (Moon)

Ease is communication, right? Communication facilitates a lot, where I work with direct observation in relation to supervision [...] this help us keep communication with professionals, with this we can achieve some goals. (Comet)

The support from the central coordination of the Municipal Health Department, from the general coordination of the polyclinics and satisfaction with the work developed were punctuated by the supervising nurses as the ease for developing the supervision work process, as highlighted in the following fragments:

[...] Thank God we have the ease with the Department. We have effective supervision, and coordination, also very effective with our unit. And this facilitates our whole process [...] The general coordination also, it recognizes our work; [...] and it is good behavior for us to keep this way. (Star)

[...] supervision as general coordination of polyclinics.

[...] if I did not have nurses to help in this sense too, it would be complicated. (Moon)

[...] we have the support from coordination, to help us too. And the Department has also helped us, the Municipal Health Department. [...] has the supervisors, each polyclinic has a supervisor, a general coordinator [...]. (Venus)

[...] I do with love, I love what I do, [...] even with all its difficulties [...]. (Comet)

Discussion

Nursing, in its work process, has as functions to care, assist, manage, research, investigate, teach and guide. Thus, in view of these activities, nurses have the role of supervising nursing staff in health units, contributing to the performance of the work and guiding the team while executing the services¹¹.

In this study, the management of services presented limits in the operationalization of the supervision work process, as well as possibilities. It is believed that the effective development of the work process of nursing supervision in polyclinics requires the knowledge of nursing supervision about the tools that guide its operationalization, thus enabling identifying and overcoming these limits.

From the results of the study, it is possible to notice that there is resistance from the nursing team to participate in educational events. In-service education, ongoing or permanent, in the health area¹² is of great relevance for improving and training professionals, at all care levels, whether in primary care or in urgencies and emergencies.

However, the study by Bugs et al.¹² revealed that, despite the attempts of training from health units supervisors, there is still strong resistance from professionals to participate in in-service education activities. Based on this challenge, it is possible to observe that there is convergence between this study and the result of this research, in which the difficulty of leading nurses in the development of the supervision work process in motivating nursing technicians to participate in educational actions clearly appears.

In this sense, nursing supervisors are responsible for guiding, supervising and proposing activities that can integrate the entire health team. It is necessary to develop in each health professional the awareness of the importance of their participation for the better continuity of the development of the supervision work process and, consequently, the improvement of the care provided to users.

In order to improve the care provided to users, they also need to be informed, qualified and aware about the services that are provided by the health unit where they seek care, because many cases treated in emergency care units often do not fit as urgency¹³, thus generating a greater flow of people, exceeding the capacity of the units and overcrowding the units¹⁴. Therefore, the supervising nurse is responsible for using the available techniques and instruments allied to his/her knowledge about the supervision work process, to manage the decision-making of the problem in question.

Another limiting factor for developing the nursing supervision work process in polyclinics is in relation to barriers in the regulation of users to specialized units and hospitals. This situation causes supervising nurses to get involved, prioritizing the articulations of patient transfers and leaving supervision as background. Thus, according to Martins and Alves¹⁵, bed management, patient transfer and regulation is a critical node that emergency unit coordinators and managers have continuously faced within the health care network.

On the other hand, studies have pointed out a list of limiting factors in the exercise of the supervision work process that converge to the results of this study, such as: insufficient material and human resources and quantitative-qualitative human resources, physical environment of inadequate units, the system of health counter-reference¹⁻³. On the other hand, these same studies indicate other limiting factors that do not appear in this study and that are associated with teaching, control and power as preponderant negative aspects, namely: lack of professional autonomy, party political interference and non-management, low pay, difficult interpersonal relationships, dissatisfaction of

professionals and the team with work, the overload of care activities, asymmetric power relations, the lack of problem-solving causes feelings of guilt and impotence, the exercise of reiterative practices in health, access to transportation and homes, violence, lack of time and the way of doing centered on technical procedures, thus characterizing a traditional supervision work process¹⁻³.

We understand that the factors that limit and interfere in the work process of nursing supervision in polyclinics are determined by the historical, social and political context of society, that is, they are inserted in the political components, in the organizational structure of the service, in the training of health professionals and in the management of health services, evidencing, on their part, the lack of perception of supervision as a social process.

Those determinants that limit and interfere in the supervision work process constitute spaces for crossing, which tend to maintain what is present, but can constitute spaces of transversality, favorable to changes. For this, there is need to understand supervision as a strategy/tool/management technology, requiring rethinking interpersonal relationships, care, ethics in acting and being in the decision-making process.

Supervision cannot be understood in a way disjointed from the more general institutional and social framework, being necessary to advance in the understanding of the work process of social supervision that addresses subjective, social and strategic issues, thus necessarily psychosocial, political and ideological, extrapolating the logic of management and organization

In this perspective, communication and interpersonal relationships have stood out as possibilities for coping with the challenges found during the development of the supervision work process and the management of nurses in polyclinics. Communication is a tool used in the development of the planning of the work process of nursing supervision¹⁶⁻¹⁷, constituting a strategy that allows changes required in the shared mode for the good interpersonal relationship within the work group.

Thus, nursing supervision is configured as a tool for coping with the limits found in this research. Its implementation in health services will help in the conduction of the work process, through the development of knowledge, skills and support for the supervised personnel¹⁸.

The limitations of this study concern the choice of data collection technique and the qualitative data analysis technique, as both may suffer different influences at the time of data collection, such as the researcher's neutrality issue. Therefore, new studies are suggested in the same theme and under the mixed methods approach.

Conclusion

This study allowed approaching the knowledge about the limits and possibilities of the nursing supervision work process in polyclinics. It found that the main limits for supervision in polyclinic units faced by nurses are in relation to the resistance of the nursing team to participate in educational events, resistance to change, precarious relationship between users' demands, insufficient number of the nursing team, difficulty in regulating users and ineffective human and financial resources. Among the possibilities for overcoming these limits, communication, interpersonal relationships and good articulation between management and coordination stood out.

Moreover, the results corroborate the justification that the supervision process focuses not only on the person established as supervisor, but also on the whole team for the good progress, conduction and resolution of the actions.

Author contributions

Sacramento LA collaborated in the design, research design, data collection, writing, analysis, critical review of the article and final approval of the version to be published. Figueredo WN, Servo MLS, Macêdo TTS and Fernandes ETBS collaborated in the design of the research, in the writing, analysis, interpretation of the data, critical review of the article and final approval of the version to be published.

Competing interests

No financial, legal or political conflict involving third parties (government, companies and private foundations, etc.) has been declared for any aspect of the work submitted (including, but not limited to grants and funding, participation in advisory board, study design, manuscript preparation, statistical analysis, etc.).

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