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Original Article

AMBIENTE DE TRABALHO DO ENFERMEIRO NA DIVISÃO DE ENFERMAGEM MATERNO-INFANTIL DE UM HOSPITAL UNIVERSITÁRIO

NURSING WORK ENVIRONMENT IN THE MATERNAL-CHILD NURSING DEPARTMENT AT A UNIVERSITY HOSPITAL

AMBIENTE DE TRABAJO DE ENFERMEROS DE LA DIVISIÓN DE ENFERMERÍA MATERNO-INFANTIL DE UN HOSPITAL UNIVERSITARIO

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RESUMO

Objetivo: Analisar o ambiente de trabalho do enfermeiro na divisão de enfermagem materno-infantil de um hospital universitário. **Método:** Pesquisa de método misto com triangulação concomitante de dados. Os dados quantitativos foram coletados com 32 enfermeiros por meio do *Brazilian Nursing Work Index Revised* e submetidos à análise estatística descritiva. Os dados qualitativos foram obtidos a partir de 12 entrevistas e tratados mediante análise temática. **Resultados:** A integração entre os resultados mostrou que os enfermeiros têm autonomia, controle do ambiente, boas relações com os médicos e suporte organizacional. Destacou-se o empenho dos enfermeiros em desenvolver a autonomia e obter o controle do ambiente de cuidado por meio do trabalho em equipe. As dificuldades no ambiente de trabalho estão relacionadas à infraestrutura organizacional e articulação entre os serviços. **Conclusão:** Estes resultados podem contribuir para o desenvolvimento de estratégias para melhorar a satisfação profissional e qualidade assistencial nos cenários de cuidado.

Descritores: Ambiente de trabalho; Gestão em saúde; Enfermagem obstétrica; Pesquisa em administração de enfermagem.

ABSTRACT

Objective: To analyze the nursing work environment in the Maternal-Child Nursing Department at a university hospital. **Method:** Mixed method research with concomitant data triangulation. We collected the quantitative data with 32 nurses through the Brazilian Nursing Work Index Revised and submitted to descriptive statistical analysis. The study obtained qualitative data from 12 interviews and treated through thematic analysis. **Results:** The integration between the results showed that the nurses have autonomy, environment control, good relationships with physicians and organizational support. The study emphasized on nurses' commitment to developing autonomy and gaining control of the care environment through staff. The difficulties in the work environment are related to the organizational infrastructure and articulation between the services. **Conclusion:** These results may contribute to the development of strategies to improve professional satisfaction and care quality in care settings.

Descriptors: Working environment; Health management; Obstetric nursing; Nursing administration research.

RESUMEN

Objetivo: Analizar el ambiente de trabajo de enfermeros de la división de enfermería materno-infantil de un hospital universitario. **Método:** Investigación de método mixto con triangulación concurrente de los datos. Los datos cuantitativos fueron recogidos con 32 enfermeros por el *Brazilian Nursing Work Index Revised* y sometidos a análisis estadístico. Los datos cualitativos se obtuvieron con 12 entrevistas, analizadas por el análisis temático. **Resultados:** La integración de los resultados mostró que los enfermeros tienen autonomía, control del ambiente, buenas relaciones con médicos y suporte organizacional. Se destacó el compromiso de los enfermeros para desarrollar la autonomía y obtener el control del ambiente a través del trabajo en equipo. Las dificultades están relacionadas con la infraestructura de la organización y articulación entre los servicios. **Conclusión:** Estos resultados pueden contribuir al desarrollo de estrategias para mejorar la satisfacción en el trabajo y la calidad del servicio en los escenarios de cuidado.

Descriptores: Ambiente de trabajo; Gestión en salud; Enfermería obstétrica; Investigación en administración de enfermería.

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INTRODUCTION

The nurses´ work environment corresponds to the physical and organizational conditions for the adequate performance of the nursing professional practice. It involves aspects related to the size of the institution or health service, the management model, the professional hierarchies, the organizational culture, the infrastructure and the human and financial resources for the assistance[1-2].

These characteristics of the work environment may facilitate or restrict the nursing practice, especially regarding leadership, control, and autonomy in nurses´ clinical and managerial practice. In this way, work environments with positive characteristics are directly related to nurses´ professional satisfaction. Also, the work environment is one of the main aspects that influence the quality of nursing care in the hospital environment[3-4].

Although there is a set of norms and standards for professional practice in hospital organizations, the nurses´ work environment has particularities according to the type of care unit. The services and/or care units that integrate the hospitals have specific characteristics, according to the attendance performed, the profile and length of stay of the patients, and also the way the professionals articulate and interact to perform the work[5].

As a result, hospitals are organized in departments, coordination or care divisions that congregate services and units with similar characteristics. In this context, the maternal-infant nursing division, which includes units that provide care for women during childbirth, assistance to the newborn, guidelines on the health of the mother-baby binomial and the necessary care during child hospitalization are highlighted. It should be emphasized that maternal and child care in the different care settings is one of the strategic issues highlighted by the World Health Organization to improve the quality of life and achieve better health conditions for the population[6].

However, from the search in libraries and online databases Scientific Electronic Library Online (SciELO), Database of Nursing (BDENF), Latin American Literature in Health Sciences (LILACS) and National Library of Medicine (PubMed), national scientific publications specifically on the work environment of nurses in maternal and child care units were not identified. In fact, studies on the work environment of nurses in health services are still recent in Brazil, with existing productions concentrated in the Southeast region and performed in the context of Intensive Care Units[7-9].

Therefore, this study is based on the necessity and importance of knowing the nurses´ view about the characteristics of the work environment in maternal and child care units, aiming to discuss aspects that may contribute to greater professional satisfaction and improvement of care quality in these scenarios. Thus, the research question established was: How is the work environment of the nurse configured in the maternal-child nursing division of a university hospital?

The objective of the research was to analyze the work environment of the nurse in the maternal and child nursing division of a university hospital.

METHOD

It is a research of mixed methods with the strategy of concomitant triangulation of data. This method of the mixed method enables the simultaneous collection of quantitative and qualitative data to integrate information and identify combinations and divergences[10].

The study was developed in the Division of Nursing in the Health of Women, Children, and Adolescents of a university hospital in Florianópolis, SC. This sector is composed of units of Rooming-in, Gynecology Unit, Obstetric Center, Neonatal Intensive Care Unit and Pediatric Internation Unit. Data collection was carried out from October 2012 to March 2013.

The quantitative study was of descriptive-exploratory type. The target population of the study was 43 nurses filled out in the Nursing Division mentioned above at the time of the study. The inclusion criteria adopted were the exercise of care activities and time of experience equal or greater than three months in the current place of work. Nurses absent due to vacation or leave of absence of any nature were excluded. Thus, the sample investigated corresponded to 32 (74.4%) nurses.

Data were collected through a sociodemographic characterization form and the Brazilian Nursing Work Index-Revised (B-NWI-R). The B-NWI-R has been translated, adapted and validated for use in Brazil and measures work environment characteristics favorable to the

professional practice of nurses[7,11]. The 15 items of the instrument of the four subscales were considered: autonomy (five items), control over the environment (seven items), relationships between doctors and nurses (three items) and organizational support (ten items derived from the first three subscales)[7.11].

The B-NWI-R measurement scale is a Likert type, with scores ranging from one to four points. The participant is asked to answer whether or not he/she agrees with the affirmation "this factor is present in my daily work", from the options: I totally agree (one point), I partially agree (two points), I partially disagree (three points), I totally disagree (four points). Thus, the lower the score, the greater the presence of favorable attributes. Values below 2.5 represent environments favorable to professional practice and averages above 2.5 points indicate unfavorable environments[9].

The quantitative data were analyzed in the Statistical Package for Social Sciences (SPSS), version 19.0. To present the data, descriptive statistics with the calculation of position and dispersion measures were used (mean, median, standard deviation, minimum and maximum values).

The qualitative research was also of descriptive-exploratory type. Data were collected through semi-structured interviews with 12 nurses, performed individually in the workplace or another environment chosen by the participants. They were recorded on an electronic audio device with an average duration of 20 minutes. The interviews focused on aspects that contribute to and/or hamper the professional practice of nurses. The number of participants was defined based on the criterion of data saturation. The recordings were transcribed and inserted into NVIVO software, version 10, for organization and analysis of the data through the three stages of the thematic analysis: pre-analysis, material exploration, and treatment of results, inference, and interpretation[12]. Data analysis was performed based on the B-NWI-R subscales[7,11].

The research was approved by the Ethics Committee (CAAE: 09885612.1.0000.0121) and the participants signed the Informed Consent Term. The interviewees' statements were identified by codes composed of the letter "P" of the participant and a number assigned according to the order of interviews: P1 to P12.

RESULTS AND DISCUSSION

The sample consisted of 32 nurses working in different maternity units: 7 (21.9%) from the Rooming-in, 7 (21.9%) from the Gynecology Unit, 6 (18.8%) from the Obstetric Center, 6 (18.8%) from the Neonatal Intensive Care Unit and 6 (18.8%) from the Pediatric Hospital Unit. The participants were from 26 to 57 years old, averaging 41.63 years old (standard deviation=sd±8.35). The average time of professional experience in nursing was 17 years= sd±8.72) and the working time in the institution averaged 15 years (sd±8.52). The other characteristics of the socio-professional profile of the study participants are presented below (Table 1).

Table 1 - Profile of the nurses (n = 32) – Florianópolis/SC, 2012-2013.

Variables		**n**	**%**
Gender	Female	30	93.8
	Male	2	6,2
Marital status	Married	18	56.3
	Single	6	18.8
	Separate	6	18.8
	Others	2	6.3
Work shift	Night	14	48.8
	Morning	9	28.1
	Afternoon	5	15.6
	Others	4	12.5
Education level	Specialization (*lato sensu*)	13	40.6

	Master´s degree	12	37.5
	Graduation	4	12.5
	Doctorate	3	9.4
Other employment relationship	No	28	87.5
	Yes	4	12.5

Source: Authors' elaboration.

The quantitative sample of the research was predominantly female, which corroborates previous research and meets the profile and historical and cultural trajectory of Nursing[7,9]. The mean age (41.6 years old), as well as the average time of professional experience (17 years) and the average time of experience in the institution (15.9 years) were higher than those found in other studies[9,13-14], evidencing that the participants of the research are older and with greater experience in the profession. Regarding the vocational training, the results presented are similar to those of previous studies, in which most nurses had some type of postgraduate course[9,15], which indicates a higher professional qualification. Regarding the employment relationship, most professionals reported having only one link, similar to other studies[7,9,15].

According to the results obtained through the B-NWI-R, the professional practice environment of nurses in the maternal and child nursing division was favorable. Two of the 15 items of the B-NWI-R obtained an unfavorable score, that is, above 2.5: item A of the autonomy subscale and item G of the subscale control over the environment. The characteristics of nurses´ professional practice environment are presented below (Table 2).

Table 2 - Characteristics of the work environment (n = 32) – Florianópolis/SC, 2012-2013.

Characteristics of the work environment	**AM***	**SD****
Autonomy	2.08	0.51
(A) A team of supervisors who supports nurses	2.66	0.93
(B) Nursing has control over their practice	1.91	0.64
(C) Freedom to make important decisions in patient care and at work	1.84	0.67
(D) Not be placed in a position of having to perform assignments against my principles	1.87	0.76
(E) The nursing manager supports his team in its decisions, even if they conflict with those of the doctor	2.16	0.88
Control over the environment	2.37	0.51
(F) Adequate support services that allow me to devote time to patients	2.50	0.62
(G) Sufficient time and opportunity to discuss problems related to patient care with other nurses	2.56	0.91
(H) Staff with a sufficient number of nurses to provide patients with quality care	2.25	0.98
(I) The nursing manager is a good administrator and leader	2.28	0.81
(J) The designation of patients promotes continuity of care (that is, the same nurse takes care of the same patients on consecutive days)	2.32	0.79
(K) Enough team to do the job	2.48	0.85
(L) Opportunity to work in a highly specialized unit	2.44	0.80
Relationships between doctors and nurses	2.15	0.38
(M) Physicians and nurses have good working relationships	1.97	0.53
(N) Nurses and doctors work hard as a team	2.28	0.63
(O) Collaboration (joint practice) between nurses and doctors	2.22	0.70
Organizational Support ***	2.17	0.35
Total B-NWI-R	2.13	0.40

*AM = Arithmetic Mean (1-4), **DP = Standard deviation

***10 items: B, C, D, F, G, H, I, J, M e O.

Source: Authors' elaboration.

Regarding the characteristics of the work environment, all NWI-R subscales were below 2.5 points, indicating favorable results. Thus, nurses judged to have autonomy, control over the environment, good relationships between doctors and nurses and organizational support. Similar data are described in studies performed with the same instrument in an Intensive Care Unit for adult patients[9].

In the quantitative study, the autonomy obtained the most favorable average among the B-NWI-R subscales. In the interviews, the nurses emphasized that their autonomy is related to the knowledge and skills acquired in the professional practice, as well as it is endorsed by the nursing management of the sectors.

"During our shift, we have total autonomy, logical that within my competence and to my knowledge" (P3). "Our leadership gives this autonomy also; at no time does she keep regulating what is going to be done or determines what will be done [...]" (P4). "I think one contributing factor here is that we do not depend so much on medicine being here all the time, we only ask the doctor in a very special situation [...]" (P7).

Thus, the quantitative and qualitative results converged for the autonomy of the nurse in the context investigated. The subscale "autonomy" was the best evaluated by the nurses and in the interviews, they demonstrated to perform an autonomous practice based on their knowledge and professional skills. Similarly, reflection on the legitimacy of nursing autonomy in the field of health professions means that expertise is one of the main elements that accredits Nursing as a profession and contributes to the domain of care spaces aiming at integrality, equity, and interdisciplinarity[16].

Despite the nurses´ positive perception of autonomy, item "A" of this subscale, which refers to the support received by nurses from their supervisors, was evaluated as a negative aspect. This result can be explained by an interviewee´s speech, which expressed that he would like to have greater support and closeness to the "top managers", just as he does with "immediate leadership". In the context investigated, the "immediate supervisor" is the nurse manager of each service and the "superior manager" manages a set of services within the same care department of the institution or occupies managerial positions of advisory in the institution.

"At certain times, I feel abandoned, what I say is not even my leadership because my boss fights a lot for us and I know that, but for the top management. Because superior leaders do not come here to see our work, they are not here, they do not appear, and the people who are here play with risks of making mistakes"(P6).

However, the subscale of autonomy related to support by the supervisors, that is, of the nursing heads, was pointed out as unfavorable by the nurses. Therefore, it is worth emphasizing the importance of the role of nursing nurses in the support and guidance of care nurses to reach institutional goals and improve care quality[17].

As in the quantitative results, control over the environment was also a favorable attribute of nurses´ work environment in the qualitative results. The nurses reported having mastery and a global view of what is happening in the sector. To this end, they rely on the support of the nursing technicians/assistants, with whom they seek to establish a relationship of trust, especially regarding the transfer of information about the events of the sector.

"I realize that I can control everything that happens here, but we are not omnipresent, we cannot be everywhere at all times. [..]. But I know and trust my people, they never hide anything from me" (P7). "It is so discreet, but nothing is lost without going through me. I realize that already. Nothing gets lost in my eyes, in my reach, even in my rest time when I return everything is passed by me"(P10).

Another strategy for control over the environment was the holding of meetings to discuss and solve the problems of the units. These meetings also represent an opportunity for nurses to share experiences aimed at defining behaviors and practices for improving the quality of care.

"Any problem I have, we are always talking, if not with her [boss] with the other nurses of other shifts, we always try to solve it" (P5). "I think our moment we see how each one is facing difficulties with the team or ourselves. I think it's a conversation so we can be improving what we are doing" (P9).

The communication and teamwork of nurses with nursing technicians/assistants as a strategy to control the environment were highlighted. The proximity of nurses and the nursing team indicates the adoption of a leadership based on the dialogue aimed at

building a favorable working environment, contributing to nursing empowerment, quality of care and greater professional satisfaction[18]. Also, effective communication in teamwork is fundamental to the quality of care provided to patients, as it enables the sharing of ideas and values, leading to the building of trust, mutual respect, bonding, collaboration and recognition of work on the other[19-20]. In this sense, it is reinforced the importance of adopting a dialogical and interactive communication process in the nurses' performance[21].

In the subscale of control over the environment, the item related to sufficient time and opportunities to discuss with other nurses the problems related to patient care was assessed as unfavorable. However, in the qualitative data, meetings between the work team were cited as a resource for problem-solving. From this disagreement, it can be questioned whether the meetings have been sufficient or carried out with necessary frequency.

The time for information exchanges and/or meetings between work teams has become increasingly scarce given the number of interventions and/or activities that the nurse and nursing team perform in their workday. As a result, organizational decisions are often exercised mainly by nurses who manage the institution[22]. In this sense, it is necessary to mention that the adoption of management models and/or shared governance, based on horizontal relationships and collective decision processes, can contribute to a greater professional satisfaction, increase of productivity and improvement of health care quality[23].

The quantitative and qualitative results also converged and showed the existence of good working relationships between doctors and nurses. In the interviews, the nurses reported a good professional relationship with the doctors, especially when compared to other hospital scenarios. The recognition of the medical team is conquered by the nurses from the knowledge and safety they demonstrate in the performance of their professional activities. Also, the positioning of nurses as responsible for the progress of the work in the sector also contributes to the recognition of the role of these professionals.

"[...] I already worked in the surgical clinic and the relationships with the surgeons were very complicated. When I went to the pediatrics, one of the things that charmed me most was the relationship with the medical team"(P4). "... doctors respect me. [...] Doctors agree with us because here in obstetrics, we end up getting an experience with the practice. We are together, we end up giving an opinion, they end up respecting. They feel secure. That is why we have this autonomy to be exchanging opinions" (P7). "... sometimes the doctor thinks he's the one who has to go and tell the chaperone to leave [the room] and not! I am the one who answers for the sector. In those moments, I go and face them in a good way" (P10).

In the testimonies, the search of the nurses for the recognition and exercise of the authority that fit them in the context of the organization of the hospital work was evidenced, mainly by the accumulated expertise along the professional trajectory. Similarly, a study on the management of nursing care for children hospitalized in chronic conditions showed that the relationship with doctors is facilitated by the scientific knowledge and accumulated experience of nurses[5]. A North American study also showed the importance of teamwork and the articulation between doctors and nurses for the quality of care and patient safety[24].

In terms of organizational support, quantitative and qualitative results diverged. Contrary to the quantitative results, the nurses reported in the interviews institutional difficulties that compromise the quality of care. These difficulties are mainly related to the lack of adequate physical structure to meet the growing demand of patients and the communication deficit between the units, such as obstetric screening and obstetric center.

"Sometimes we are faced with some very unpleasant situations because the city has not evolved into anything, it has involuted in health, and more and more women come and we do not have institutional support for them, where to put them. This is something unpleasant" (P3). "I try to talk, I try to explain our position as a screening, and I try to know what their position is as an obstetrical center for us to try to help ourselves. However, it does not often have this opening" (P11).

Despite the positive evaluation of this subscale, the testimonies showed the difficulties of the nurses mainly for the lack of physical structure for care. The structural dimension refers to the technical and infrastructure resources needed to deliver care and it is one of the main aspects to be reviewed by hospital services for

the development of quality improvement strategies[23,25]. Thus, the need for changes in the physical infrastructure in the studied context is emphasized.

FINAL CONSIDERATIONS

The integration between the quantitative and qualitative results showed that nurses have autonomy, control over the environment, good relationships with doctors and organizational support. Emphasis was placed on the commitment of nurses to develop an autonomous practice and obtain control of the care environment through teamwork. The difficulties in the work environment are related to the organizational infrastructure and articulation between the services. These results may contribute to the development of strategies to improve professional satisfaction and quality of care in maternal and child care settings.

As limitations of the research, it is pointed out that the quantitative results are relative to a specific and small group of nurses. As any study involving self-reporting, participants may have returned questionnaires with responses they considered appropriate, as opposed to their experiences and/or opinions. This was minimized by the adoption of a mixed research design, which allowed the identification of convergences and divergences between quantitative and qualitative results. The importance of new studies to explore the specificities of nurses´ work environment in the different hospital sectors that provide assistance to maternal and child health is highlighted.

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