

MANAGEMENT OF INTEGRAL CARE IN NURSING: REFLECTIONS UNDER THE PERSPECTIVE OF COMPLEX THINKING

GESTÃO DO CUIDADO INTEGRAL EM ENFERMAGEM: REFLEXÕES SOB A PERSPECTIVA DO PENSAMENTO COMPLEXO

GESTIÓN DEL CUIDADO INTEGRAL EN ENFERMERÍA: REFLEXIONES DESDE LA PERSPECTIVA DEL PENSAMIENTO COMPLEJO

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ABSTRACT

The purpose of this article is to promote reflections about the management of integral nursing care from the perspective of complex thinking. Through reflection on the concept of nursing care management from the perspective of complex thinking, it was observed that the management of nursing care has two main objects: care and management and six dimensions. The objects relate in a dialectical way, that is, they influence each other, but they are not the same thing or exclude themselves. They happen in a comprehensive way and in the different contexts of nursing performance. From a new thought about what are the attributions of nursing it is possible to improve the practice and thus to highlight the uniqueness of the nursing performance as a profession of care.

Keywords: Integrality in Health; Health Policy, Planning and Management; Nursing.

RESUMO

Este artigo trata-se de promover reflexões acerca da gestão do cuidado integral de enfermagem sob a perspectiva do pensamento complexo. A partir da reflexão sobre o conceito da gerência do cuidado de enfermagem sob a perspectiva do pensamento complexo observou-se que a gerência do cuidado em enfermagem possui dois objetos principais: o cuidar e o administrar e seis dimensões. Os objetos relacionam-se de forma dialética, ou seja, influenciam-se mutuamente, mas não são a mesma coisa ou se excluem. Eles acontecem de forma integral e nos diferentes contextos de atuação da enfermagem. A partir de um novo pensamento sobre quais são as atribuições da enfermagem é possível aprimorar a prática e assim evidenciar a singularidade da atuação da enfermagem como profissão do cuidado.

Palavras-chave: Integralidade em Saúde; Políticas, Planejamento e Administração em Saúde; Enfermagem.

RESUMEN

Este artículo busca promover reflexiones sobre la gestión del cuidado integral en enfermería desde la perspectiva del pensamiento complejo. A través de la reflexión sobre el concepto de gestión del cuidado en enfermería desde la perspectiva del pensamiento complejo se observó que dicha gestión tiene dos objetos principales: cuidar y administrar y seis dimensiones. Los objetos se relacionan de forma dialéctica, es decir, se influyen mutuamente, pero no son lo mismo ni se excluyen. Se suceden de forma integral en los distintos contextos de actuación del personal de enfermería. A partir de un nuevo pensamiento sobre cuáles son sus atribuciones se podría perfeccionar la práctica y así evidenciar la singularidad de la actuación de enfermería como profesión del cuidado.

Palabras clave: Integralidad en Salud; Políticas, Planificación y Administración en Salud; Enfermería.

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INTRODUCTION

Nurses are present in many different institutions, acting in highly complex units that use technological life support as well as in the community itself, in clinics, long permanence institutions, schools and companies. With such an array of activities, it is often difficult to understand what is the essence of nursing, what is the common ground that defines the actions of the nurse. A concept that is always quickly attached to nursing is that of "care". It is, however, essential to understand what is care in this context.

"Care" is something that surfaces together with mankind. It is the object of philosophical, historic and anthropological studies, but the field of nursing is the one that produces the highest amount of knowledge on the theme - and therefore, nursing is considered to be the profession of care.¹

Historically, the professional practice of care is based on a positivist biomedical paradigm, and nursing, as a profession, is under the influence of this hegemonic model. The concept of integral health care, however, confronts it, guiding the model to a less fragmented type of care.²

A study on the theme "management of care in nursing" concluded that, for many nurses, there was a dichotomy between managing and caring in the profession, as if these were two mutually exclusive concepts.³ Both in practice and discourse, the nurse whose responsibility is caring for the patient would be a professional with different skills and knowledge than those of the nurse responsible for health services and management. Thus, the objective of that study was creating a concept of health management in nursing, in a hospital setting.

Considering the contribution of that research for the practice of nursing care management, which states that managing and caring are inherent to the managing of health care in nursing, this article seeks to bring the theme forward, discussing the management of integral health care in nursing under the perspective of complex thinking.³

Complex thinking has been used as a subsidy to support discussions about health care, aiming to better understand the challenges in the field. Although health care is still mostly focused around the biomedical model, it can be noticed that nursing needs to search the complexities there are in day-to-day tasks, dealing with the demands of individuals and understanding them as singular and plural beings that, simultaneously, represent the part and the whole. Under this perspective, the complexity becomes an instrument capable of uniting the whole, while it still recognizes the singular, concrete, and individual.⁴

Therefore, managing integral care becomes a complex task which involves many relations that imply an understanding of phenomena from many different perspectives. The objective of this study, thus, is to discuss and reflect upon the

concepts proposed by the management of integral health care in nursing under the perspective of complex thinking.

INTEGRALITY, MANAGEMENT AND CARE: CONCEPTUAL BASES FOR THE UNDERSTANDING OF INTEGRAL CARE MANAGEMENT IN NURSING

Some conceptions were essential for the concept of integral care management in nursing to be elaborated, such as integrality, management and care. Integrality can have three different sets of meaning, which are: integrality as a trait of good medicine; integrality as a way to organize practices; and integrality and special politics. All of these were specifically designed to answer for the issues caused by certain health problems that afflict a specific populational group.⁵

Management must be understood as a science with two important sides: one is that of scientific, rational thought, emphasizing analysis and cause and effect relations to predict and anticipate actions in a consequent and efficient way. The other is that of unpredictability and human interaction, bringing to it illogical, intuitive and emotional traits, as well as spontaneous and irrational ones.⁶

Care, on the other hand, takes place through a force that moves human capabilities, evoking in us and in others this ability, as it answers for the needs of something or someone that matters. The primary aspect of care is to move our interest from our own reality to that of the other.⁷ It consists in the idea of helping others, of empathizing, be it through multidisciplinary practices or through the experience/reception of small acts of care that complement one another. Therefore, to understand the value of care one must value life, since it increases the possibilities of life and the social constructions of human life.

From this perspective, the management of care is a system of types of care, considering its many aspects such as: autonomy, individuality, relations and professional attitudes. Understanding this system requires knowledge about its many dimensions, whose practices and attitudes sustain the dynamics of care.⁸

These many dimensions in which management of care takes place are inherent to one another, and have particularities of which one must be aware, in order to reflect, research and intervene.⁹ Integral care management takes place in six different dimensions: individual, familial, professional, organizational, systemic and social.

The individual dimension is the most central one, involving the care of oneself, autonomy and the individual's decision-process. This dimension involves both concepts already discussed about what does it mean to be healthy and what does the individual understand as "being healthy".⁹

The importance of the family dimension, on the other hand, changes in different moments of one's life. It is a dimension whose main actors are family members, friends and neighbors.⁹

The professional dimension of care management includes the relationship between professionals and users, demanding technical competencies from the professionals in each action center, an ethical posture from the professionals (whatever their specialties and capabilities are) and their ability to form ties with the individuals who need their care.⁹

The organizational dimension is related to health services, more specifically, to the work team, the coordination of activities, communication, and the management itself.

The systemic dimension, in turn, seeks to build formal connections between health services, so that care networks are created, aiming to make them broader and more involving. It is a complex dimension, and for it to develop adequately, the training of professionals is paramount, so that they understand their role and how to play it.⁹

Finally, the social dimension involves the numerous actors that influence and are mutually influenced, involving civil society and the state. Here, there may be a conflict between what society wants and what the state can deliver, and the result of such conflict will determine the life conditions of the population in general, which can be positive or negative.⁹

By presenting these concepts, we expect to provide an appropriate starting point for the discussions on the concept of integral care management in nursing. However, the formulation of this concept is not merely the putting together of these words. A theory is necessary to support all the reflection and analysis needed to develop this process.

TO CHANGE THE PRACTICE, WE NEED TO CHANGE THE WAY WE THINK

The way in which people act or react to an action is intimately related to preexisting mental models, i.e., it is formed by profoundly ingrained suppositions that define the way we think about something and, consequently, how our attitudes will be in these situations.¹⁰

A concept of integral care management that includes all necessary aspects and is capable of confronting the current biomedical model is necessary for a real change to happen in practical terms.

That means that reflections on the concept of integral care management in nursing are paramount, since, in this context, the objective of developing knowledge about theoretical and philosophical questions is to improve the practice of nursing.¹¹

Edgar Morin suggests a new way to reflect on the fundamental problems surrounding the phenomena to be analyzed. Complex thinking is "first and foremost a challenge".⁴ Changes

in our mental structures are necessary, in the way we think science and its fundamental problems.

In order to reflect the light of complex thinking, it is necessary to understand its three basic principles, which are: dialogic, organizational recursion and hologrammatic. The first one concerns the dual nature of the unity. It associates two terms that are simultaneously complementary and antagonistic. The organizational recursion or simply recursion, is a "process in which products and effects are simultaneously cause and product of what produces them". The hologrammatic principle, in turn, states that, like an hologram, which in the smallest point of the image contains almost all information about the object being represented, "not only the part is in the whole, but the whole is in each part." That does not mean, however, that the sum of the parts is the same as the whole or that by dismembering the whole the parts will be found. This idea belongs to the classical logic, which reduces, fragments, and only then reaches an answer. The hologrammatic principle makes it possible to understand the parts and the whole, without, however, dissociating them from their context.⁴

The objective of complex thought is not to reach an absolute truth, but to elaborate macro-concepts, meta-perspectives that overcome traditional logic, resulting in a "group of new concepts, new visions, discoveries and new reflections that will wake one another up, and join one another".⁴

However, it is important to highlight that the construction of the new, in this logic, "can only be idealized and sought through the old, through critical awareness of reality and of the subjective experience with the capacity and will to set up a new space".⁸ Change is only possible when one is capable to recognize the complexity of reality and of its interactions. In this aspect, nursing and its field of work must incorporate intersectoral actions and develop the interactivity of the dimensions of care.

The theory of complexity implies in understanding the phenomena from many different perspectives, considering that many possible meanings are established in many different contexts.⁴ Therefore, the management of integral care becomes a complex activity, involving numerous relations whose very identification is already a change in the ways to act and think, leading to the humanization and qualification of the service.

MANAGEMENT OF INTEGRAL HEALTH CARE IN NURSING: A COLECTIVE CONSTRUCTION

The concept of integral care management in nursing is more than the sum of the words management, integral care and nursing. They unite in a stable and permanent way, in a lexical unit, with its own meaning, which is more than the sum of the meanings of its components.¹²

Complex thought was the theory that gave support to the writing process during the creation of this concept. Based on the principles of this theory, to understand it as a complete whole, we need to understand its parts - knowing, however, that the whole is not merely their sum. The hologrammatic principle of complex thought states that knowledge about the parts can be acquired through the whole and vice-versa, in a movement to produce knowledge that does not reduce or fragment the concepts and theories being approached.⁴

It can be noted that complex thoughts contribute to better organize the management of care in health and in nursing. Therefore, for the care to be seen through the lens of complexity, it is necessary that one considers the interdisciplinarity of actions, starting from the composition of multiple points of view, so that care is guaranteed integrally and the complex reality of care systems is understood, as well as therapeutic diversity, interpersonal relationships and the unpredictability of situations.¹³

Nurses act especially through care and management.³ These are two concepts that may seem dichotomic in the practice of nursing, but are complementary (dialogical principle) and therefore, essential.

The concepts of management, integral care, integrality and dimensions of care generate the macro-concept "management of integral care in nursing", which will then be actualized through many tools for management and care, such as, for instance, shift changes, welcoming of patients, systematization of nursing assistance, risk classification, patient security, among

others. The macro-concept of integral care management in nursing is represented in Image 1, and explained afterwards.

Caring and managing are dialogically related, that is, they influence each other but are neither the same, nor are they mutually exclusive. Care and management are simultaneously product and producers. Nursing is a service. In the process of work production, the final product is not an object or a material, but the supplying of a service. In the specific case of nursing, that service is care and management. In the service sector, the product is consumed as it is generated. It is the product and the producer at the same time¹⁴ – which refers one to the recursive principle of the complex thought.⁴

These two concepts define the essence of nursing practice, its specific sets of knowledge, and determine the difference of nursing as a profession when compared to other health professions and occupations. At the same time, they can be found in all health dimensions, in any context involving them. Cecílio presents six dimensions in which care takes place. Integral care and management traverse all of them, uniting theory and practice.⁹

To develop the management of integral care in nursing when it comes to managing, nurses use administration tools such as health indicators, material and human resource planning, patient security norms, decision making processes, among others.

The care that is directly offered to the patient involves techniques, technologies, procedures and actions of health prevention, promotion and education. The tools that make possible the integral care management in nursing are the systematization of nurs-

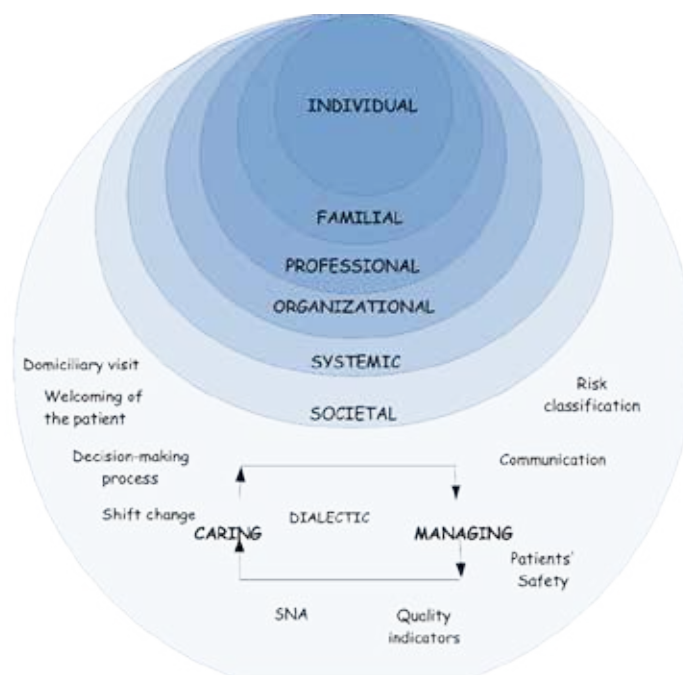


Figure 1 - Macro-concept of integral care management in nursing. Elaborated by the authors, 2016.

ing assistance (SNA), shift changes, welcoming the patient, nursing consultations, communication, domiciliary visits, among others.

The health professionals that act in the management of integral care need to be prepared for this activity in all its dimensions to understand their role, in addition to being trained to accompany the patients, showing them that they can and should act for their own health, with actions that aim to prevent diseases and maintain their physical and mental health conditions.¹⁵

FINAL CONSIDERATIONS

For the development and improvement of the actions of the nurses, it is necessary for them to understand that caring and managing constitute the integral care management in nursing, and should be thought and developed in all dimensions of care.

It can be noticed that some of the tools mentioned are part of caring and managing, and it is unnecessary to classify them in one action or another. The understanding of the functions of these management and care tools will allow nurses to overcome the current biomedical model and offer integral care in the numerous settings where their actions are needed.

With a new perspective on what are the attributions of nursing, it is possible to improve the practice, thus showing the uniqueness of the actions of nurses, as they develop the profession of care.

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