ADMINISTRATION OF PATIENT CARE: THEORETICAL ASPECTS

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In Brazilian hospitals, nursing administrations place priority on the interests of the hospital and doctors. But according to the authors the focus should centre more on the patient. Below, they present their case based on behavioural theory.

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IN our analysis of the practice of nursing administration in hospitals over the past 20 years, the nursing professional spends excessive time on administrative duties not oriented to patient care. The nurse carries out a fundamentally bureaucratic administration, aimed much more at maintaining the interests of the employing institutions and hegemonic groups that make up the hospital, relegating nursing and, more directly, the patient to a secondary level.

These same observations led Trevizan\textsuperscript{10} to reflect on why the nurse is not identified as an administrator of nursing and of patient care. The questions:

1. Does the hospital's organizational structure define an inadequate place for the nurse in administration?
2. Are hospital administrators unaware of the nurses' abilities?
3. Is the hospital administration trying to maintain its control of power?
4. Is it the nurses themselves who fear assuming administration duties? If so, why do competent nurses accept functions that should not really be attributed to them?

There is no doubt that the situation should be changed and, in our opinion, this change implies administrative practice centred on the patient.

The traditional school previously held to defined concepts on the administrative process and guiding principles that were claimed to be irrefutable and correct. In this sense, the administrator's work is restricted to planning and rationalizing the work to be performed by staff, the objective being greater efficiency and thus greater productivity and profit. This initial administrative focus on greater specialization has been criticized for making employees feel like machines and deprived of humane treatment.

Kwasnicka\textsuperscript{3} affirms that the Industrial Revolution affected not only technology but also human relations. As technology has become more complex, working together became more difficult. To resolve the conflicts between personnel, new organizational concepts were devised based on the behavioural sciences.

In the late 1920s, administration adopted a humanistic approach (the Theory of Human Relations) by focusing attention on informal organization, participation, motivation and human necessities, communication, leadership, social groups and, above all, on work satisfaction, as it was understood that the production level depended on these factors.

Despite severe criticisms, this theory represented a healthy reaction to the emphasis on programmed work, rigid hierarchical control and a high degree of work specialization, which tended to block individual growth and self-development. One objective of the humanistic movement was to encourage employee spontaneity.

Behavioural theory, the second humanistic approach to administration, appeared in the late 1940s. Behavioural science has been described by Kwasnicka as "the product of the expansion of scientific frontiers to include human behaviour and mentality, the group process and all the strange and intricate processes of which the human mind is capable."\textsuperscript{3}
The behavioural theory seeks democratic and flexible solutions for organizational problems, focusing more specifically on human components, their organizational conduct, interactions and mutual cooperation.

Behaviourist authors verified that "the administrator needs to recognize human necessities to better understand human behaviour and use human motivation as a powerful means to improve the quality of life within an organization."  

Likert identified four organizational systems: coercive authoritarian, benevolent authoritarian, consultative and participative. According to the author, "The tendency of authoritarian organizations is to develop dependent people and few leaders, while consultative and participative organizations tend to develop emotionally and socially mature people, capable of efficient interaction, initiative and leadership."

Viewing organizations as decision systems, each person should participate consciously in the decision-making process, choosing between more or less rational alternatives based on motivation, attitude and perception of the situation. This "administrative man/woman seeks only the best manner of performing a task"; he/she "makes decisions without having the conditions to analyze all the possible alternatives"; he/she "looks for a satisfactory solution, not the best solution."

Conflicts between individual and organizational objectives should be integrated by the administrator in such a way to assure that the individual is capable and efficient.

As agents of change, behaviorists face dilemmas in terms of opposition between professional and organizational identity.

**LOOKING AHEAD**

Despite the fact that the behavioral approach emerged at the end of the 1940s, its propositions continue to be valid for future administrations. However, in looking ahead, it should be remembered that as organizational structures become more decentralized and the educational level of the workforce more elevated, administrators should place more emphasis on personal abilities and creativity rather than on hierarchy. Should there be any resistance to change, incentives could be offered for innovations and creative research.

The administrator of the future will encounter workers in the continual process of education who are more independent and understanding. For this reason the administrative style must adapt to human needs in various areas of activity.

**NURSING ADMINISTRATION**

The position of the administrative nurse in the hospital is profoundly affected by the fact that she/he represents the continuity of time and space and of coordination on the hospital ward. The continual necessary presence of the nurse, among many transitory specialists, leads her/him to coordinate a sequence of events designed for the patient. In other words, the nurse functions as a coordinator because of her/his uninterrupted permanence on the ward.
This coordination is a necessary function for the integration of patient-directed activities. By coordinating these activities the nurse takes responsibility for the administration of patient care in the sense that she/he controls the care and the access to information about the patient. However, to carry out this control it is necessary that she/he uses democratic measures that provide administrative flexibility.

According to Trevizan, being part of the formal organization of the hospital, the nurse takes responsibility for administration of the care process. "Furthermore, it is expected that she assume coordination of the care process which covers a multiplicity of isolated orders and directives which must be integrated by her and then assigned to her staff."9

We concur with Stevens' position that the nurse's duties in administration include not only the provision of care but also the coordination of the care and cure processes.7 "The nurse manager has a dual responsibility to the patient: to see that the patient receives appropriate specialty care (nursing), and to see that the patients total healthcare programme is effectively implemented and coordinated. Of course, the first-line manager's ultimate responsibility to the patient is to ensure that the programme of care really is effective in producing the desired health outcomes."8

In this context, the nurse, as a competent professional who accepts the premises of behavioral theory, works with her/his team to plan the duties, seeking to first meet patient needs, without forgetting the individual needs of staff members.

In this manner, administrative functions are centralized on patient care, guided by understanding and knowledge of the patient as a person and of her/his specific needs. This knowledge guides the nurse's actions in performing the care that the patient needs.9 For this, the nurse should suit administrative principles and measures to the decision and solution of specific problems and to the administration of personnel, based on the behavioral approach. In the performance of these activities, the nurse may consult elements of her/his team and count on the participation of those involved in each process.

**COORDINATED CARE**

Thus considering that all types of administrative service are fundamentally interdependent, the administrative function of patient care involves nursing care administration in addition to the execution of medical orders and the coordination of activities that, together with other hospital services, are necessary for the hospitalized patient.

In other words, we can say that concurrently with nursing care administration, the nurse should coordinate the services and auxiliary procedures of diagnosis and treatment of the patient in collaboration with the other sectors and departments. It will then be possible for the nurse to organize the services that the hospital provides. Thus, coordinated care is guaranteed,10 despite constantly facing dilemmas resulting from the dichotomy between professional and organizational orientation.

In conclusion, we want to emphasize Stevens' point that the direct and personal knowledge that the nurse has of each patient and staff member is one of the most important requirements of an
This requirement comes from the behavioral theory and helps the nurse develop the potential of team members and utilize the actual abilities of each element to suit each patient's needs.

**ADMINISTRATION OF PATIENT CARE**

In relation to the decision making process, however, this must be used with care by Brazilian nurses due to the inherent limitations of the nursing team, which is made up not only of nurses but also in large part of nurses' aides and nurse technicians. These team members often do not have an adequate perception of the situation to make decisions.

We agree with Miller that the commitment to care as a humanistic and scientific concept is essential in the administrative practice of nursing. We believe that the nurse can have personal and professional satisfaction in administrative practice with the patient as the centre. To do this, the nurse must use her/his creativity and stimulate her/his team's creativity in the planning of nursing duties and in making decisions based on the understanding of the patient's individuality.

The nurse should recognize that the people in her/his organization constitute, without a doubt, creative and innovative resources of the greatest value and therefore deserve a greater investment. The effectiveness of the service depends on all members of the hospital team.

**REFERÊNCIAS BIBLIOGRÁFICAS**


7. Stevens, BJ (1980). The Nurse as Executive, Wakefield: Nursing Resources Inc.
