



ORIGINAL ARTICLE

PROACTIVE BEHAVIOR OF HOSPITAL NURSES: COMPARISON BETWEEN JOBS

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ABSTRACT

Objective: To analyze proactive behavior in hospital nurses and compare proactivity levels between nurses who perform different functions.

Method: Cross-sectional quantitative study with (n = 42) nurses in direct patient care and (n = 21) coordinating nurses from a public university hospital in Paraná, with data collection performed from December 2017 to January 2018. A self-administered form was used to extract variables of socio-professional characterization and the validated short version of the Proactive Behavior Scale in Organizations. After data tabulation, descriptive and inferential statistical analysis was performed.

Results: The highest means in all items in the scale were obtained by the group of coordinating nurses compared to the group of nurses who deliver direct patient care. There were statistically significant differences in two items of the instrument, indicating a stronger proactive behavior among the nurses who have management jobs.

Conclusion: The nurses perceived their proactive behavior as positive, especially coordinating nurses.

DESCRIPTORS: Nursing; Health management; Professional skills; Research in nursing management.

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COMPORTAMENTO PROATIVO DE ENFERMEIROS HOSPITALARES: COMPARAÇÃO ENTRE CARGOS

RESUMO

Objetivo: analisar o comportamento proativo entre enfermeiros hospitalares e comparar a proatividade entre cargos.

Método: Pesquisa transversal, quantitativa, realizada com (n=42) enfermeiros assistenciais e (n=21) enfermeiros coordenadores de um hospital universitário público do Paraná, com coleta de dados de dezembro de 2017 a janeiro de 2018. Utilizou-se formulário autoaplicado para extração de variáveis de caracterização socioprofissional e da versão reduzida validada da Escala de Comportamentos Proativos nas Organizações. Aos dados tabulados procedeu-se análise estatística descritiva e inferencial.

Resultados: o grupo de enfermeiros coordenadores obteve melhores médias em todos os itens da escala comparando-se ao grupo de enfermeiros assistenciais. A concentração dos coordenadores (91%) foi classificada como de forte comportamento proativo. Houve diferença estatística em dois itens do instrumento, reforçando o melhor comportamento proativo entre os ocupantes de cargo gerencial.

Conclusão: o comportamento proativo dos enfermeiros é positivo na sua autopercepção, em especial de coordenadores.

DESCRIPTORIOS: Enfermagem; Gestão em saúde; Competência profissional; Pesquisa em administração de enfermagem.

COMPORTAMIENTOPROACTIVO DE ENFERMEROS HOSPITALARIOS: COMPARACIÓN ENTRE CARGOS

RESUMEN:

Objetivo: analizar el comportamiento proactivo entre enfermeros hospitalarios y comparar la cuestión de la proactividad entre cargos.

Método: Investigación transversal, cuantitativa, hecha con (n=42) enfermeros asistenciales y (n=21) enfermeros coordinadores de un hospital universitario público en Paraná. Se obtuvieron los datos de diciembre de 2017 a enero de 2018. Se utilizó formulario auto aplicable para extracción de variables de caracterización socio profesional y de la versión reducida con validez por la Escala de Comportamientos Proactivos en las Organizaciones. Se analizaron los datos registrados por estadística descriptiva y de inferencia.

Resultados: el grupo de enfermeros coordinadores obtuvo mejores medias en todos los ítems de la escala comparándose al grupo de enfermeros asistenciales. Se clasificó la concentración de los coordinadores (91%) como de fuerte comportamiento proactivo. Hubo diferencia estadística en dos ítems del instrumento, destacándose el mejor comportamiento proactivo entre los ocupantes de cargo gerencial.

Conclusión: el comportamiento proactivo de los enfermeros es positivo en su auto percepción, en especial de coordinadores.

DESCRIPTORES: Enfermería; Gestión en salud; Competencia profesional; Investigación en administración de enfermería.

INTRODUCTION

Contemporary work has become gradually more complex, demanding, among other things, more qualified, proactive and resourceful professionals⁽¹⁻²⁾. This is a natural process that is expected in productive and organizational development – an effect of globalization and competitiveness - where individual skills are considered an inseparable factor of the success of any segment of human production⁽³⁾.

Due to the increased competitiveness in different work scenarios, research on proactivity is important⁽⁴⁻⁶⁾. This emphasis is justified by the benefits brought to the organizations by workers that show initiative, ability to plan actions and to do more than was asked, that is, to have proactive action towards changes that bring benefits to the organization, and, consequently, to the workers⁽⁴⁾.

Proactivity is defined as a set of behaviors that are not specified in the tasks assigned to workers, through which individuals spontaneously and actively take charge of situations to bring about changes in their work environment, solve and anticipate problems in order to benefit the organization⁽⁷⁾. Furthermore, at the individual level, proactive behavior has been associated with several benefits for workers, such as satisfaction, commitment and better performance at work⁽⁸⁾.

Regarding proactive behavior in the nursing sector, the most qualified professionals are usually sought, due to the need to develop high-quality care, so that the best care practices are ensured, which encourage critical reflection about the actions developed by nurses, as well as their purposes and how these actions can be improved⁽²⁾. This is even more evident in nurses' work because these professionals are care managers, and thus the development of their work should be based on competences that culminate in a strategic skill for the delivery of rational and qualified care^(2,9).

The idea that nursing management based "only" on the technical-instrumental dimension may not be sufficient to ensure rational care and resource management reinforces the previous assumption⁽¹⁰⁾. Therefore, the need to develop skills to be used by nurses in their jobs, work, especially management skills, is undeniable⁽⁹⁻¹⁰⁾. Thus, proactivity is essential, since it involves a set of active and strategic behaviors, and not merely the application of managerial skills^(4,11).

Regardless of the position held by the professional, the present study advocates the idea that nurses should perceive themselves as managers, since this management activity is part of their professional identity⁽¹²⁾. However, in daily practice, it is common - or expected - that decisions about changes in the work process are made by professionals who hold strategic positions in the organization⁽⁹⁾ and, therefore, measuring the proactive behavior of nurses that perform different positions can be valuable to the organizations.

Studies that ensure the feasibility of the situational diagnosis of proactive nurses can be used to facilitate the dissemination of new ways of working, reduce rework and promote the necessary changes identified in the workplace. Therefore, the scientific investigations in the scope of interest are socially and scientifically relevant, since they can help identify proactive nurses, supporting the decision-making process on staff allocation, and, last but not least, clarifying the importance of the development of proactivity.

In view of the above mentioned, the following questions were proposed: What is the status of proactive behavior among hospital nurses? Is there a difference in the proactive behaviors among the different occupations of the nurses? In order to answer these questions, the present study aimed to analyze the proactive behaviors of hospital nurses, as well as to compare proactivity between nurses who have different occupations.

METHOD

Cross-sectional study of quantitative approach. The study was conducted at the nursing service of a public university hospital in the inland of the state of Paraná, Brazil.

Prior to data collection, the Nursing Coordination was asked to report the total number of nurses in the hospital. There were 86 professionals. Of these, 65 worked directly in the care units and 21 held strategic-management positions. These management positions were those held by nurses who were managers/coordinators of the care units, as shown in the organization chart of the nursing service, as well as other positions of medium and/or high level management in hospital organization services coordinated by nurses, namely: Nursing Coordination (DE), Nucleus of Patient Safety and Quality Management (NSPGQ), Hospital Infection Control Service (SCIH), Nucleus Epidemiological Surveillance at Hospital level (NVEH), Intra-Hospital Commission of Organs and Tissue Donation (CIHDOTT), Service for the Standardization of Health Products (SPPS) and Hemovigilance and Support Service.

The eligibility criterion for participation in the study was as follows: professionals who have been working in the hospital for at least six months, which is considered the minimum period of time required for assessing proactive behavior in the organization. The exclusion criterion was absence from work, regardless of the motive, during data collection. Based on these criteria data was collected until the desired sample size was reached.

A stratified sample of nurses who performed different functions was obtained from the total population of nurses, and a 95% confidence level and a maximum margin of error of 5% were used to estimate sample size. The application of these parameters to the calculation resulted in a sample of 71 nurses. Based on the sample size, 63 nurses participated in the study, 42 nurses in direct patient care (EA) and 21 coordinating nurses (EC). Therefore, the sampling group of coordinating nurses represented by 100% of this population, i.e. 21 individuals.

Seventeen (17) nurses who delivered care functions from a total number of 65 were the samples "losses", as follows: five were excluded because they failed to comply with the criteria; six refused to participate in the study and there were three unsuccessful attempts to contact the six other subjects.

It should be noted that the terms "nurse who deliver direct patient care" and "coordinating nurse" were merely used to divide the professionals into groups, as all nurses are managers.

Data was collected from December 2017 to January 2018 by one researcher, a nurse resident in Nursing Management in Internal Medicine and Clinical Surgery. The collection was performed on-site at the institution's premises through a self-structured questionnaire composed of two parts: the first containing a form for extracting socio-demographic and labor variables, and the second consisted of the short version of the Proactive Behavior Scale in Organizations (ECPO_R) validated from the original Brazilian scale^(7,13).

The ECPO_R contains 13 objective five-point Likert response scale questions in the following distribution: 1 (never), 2 (rarely), 3 (sometimes), 4 (often), and 5 (always). The instrument aims to identify actions (or omissions) of the nurses, aimed at the professional improvement and better structuring of the organization. The items are distributed in positive assertions, so the higher the scoring, the better the interpretation of proactive behavior^(7,13).

The interviews were scheduled with the professionals according to their availability. During the interviews, the purpose of the study and the type of research conducted were explained to the subjects. The data collected through the printed instruments were tabulated in spreadsheet (Microsoft Office Excel, version 2010). For socio-professional characterization, percentage values were used considering function, gender, double shift, shift and length of time working in the institution. The proactive behavior of the nurses was described for each question, using mean and standard deviation. For inferential analysis, data normality was assumed. Comparison between the groups of nurses was performed with the use of Mann-Whitney non-parametric test ($\alpha = 0.05$)⁽¹⁴⁾.

In order to classify the proactive behavior, through interpretation of the means, three degrees of proactive behavior were listed, namely: score from 1 to 2.49, for weak proactive activity; 2.5 to 3.49, for moderate proactive activity; and, above 3.5, for strong proactive activity⁽¹¹⁾. This classification was applied to the general sample of nurses as well as to the nurses divided into groups according to their jobs.

All ethical rules concerning research involving human beings have been duly respected. Thus, the research project was submitted to the Brazil Platform and later to assessment by the Committee for Ethics in Research involving Human Beings of Universidade Estadual do Oeste do Paraná, and was approved under statement no 2.414.966/2017, CAAE: 79409017.5.0000.0107.

RESULTS

The present study analyzed 63 hospital nurses, as follows: nurses who provided direct care to patients (n = 42) and nurses who held management positions (n = 21). Table 1 lists the information related to the socio-professional profile of the respondents. Table 2 shows the classification of proactive behavior (weak, moderate and strong), according to the total and group assessment of the nurses who completed the ECPO_R form. Finally, Table 3 shows the data collected from the completed forms of the Proactive Behavior Scale in Organizations (ECPO_R) and the comparison between the groups of nurses.

Table 1 – Socioprofessional profile of the nurses in the sample (n=63). Cascavel, PR, Brazil, 2018

Variables	n (%)	Mean	SD
Function			
Nurses involved in direct patient care	42 (66.7)		
Coordinating Nurses	21 (33.3)		
Gender			
Female	54 (85.7)		
Male	9 (14.3)		
Double shift			
Yes	8 (12.7)		
No	55 (87.3)		
Shift			
Daytime (Integral)	14 (22.2)		
Morning	17 (27)		
Afternoon	15 (23.8)		
Night	17 (27)		
Length of time working in the institution (in years)			
Nurses in direct patient care		7.6	4.35
Coordinating nurses		9.3	5.07

Table 2 – Classification of the proactive behavior of hospital nurses, in the general sample and by category. Cascavel, PR, Brazil, 2018

Proactive behavior	n (%)
General	
Weak	0
Moderate	14 (33)
Strong	49 (77)
Nurses involved in Direct Patient Care	
Weak	0
Moderate	12 (28.6)
Strong	30 (71.4)
Coordinating Nurses	
Weak	0
Moderate	2 (9)
Strong	19 (91)

Table 3 – Nurses' proactive behavior scores and comparison between nurses in direct care jobs (EA) and coordinating nurses (EC). Cascavel, PR, Brazil, 2018 (continues)

	Group	Mean	SD	p-value*
1. I take an active part in the company, analyzing the best practices for the job.	EA	4	0.86	0.061
	EC	4.43	0.51	
2. When I plan the implementation of improvements in the workplace, I think of ways to help my peers adapt to these changes.	EA	4.21	0.65	0.346
	EC	4.38	0.59	
3. I draw on previous knowledge to plan and implement improvement actions.	EA	4.19	0.74	0.082
	EC	4.52	0.6	
4. I put my ideas about improvement into practice.	EA	3.62	0.7	0.493
	EC	3.76	0.62	
5. I create opportunities for the improvement of this organization.	EA	3.79	0.75	0,209
	EC	4.05	0.67	
6. I make suggestions for the improvement of this organization.	EA	4.05	0.94	0.882
	EC	4.14	0.73	
7. I implement changes to improve the organization.	EA	3.69	0.78	0,721
	EC	3.81	0.75	
8. I am always willing to acquire new knowledge that will bring future benefits to the organization.	EA	4.17	0.79	0.446
	EC	4.33	0.73	
9. I Improve organizational systems and practices.	EA	3.57	0.8	0.271
	EC	3.81	0.6	
10. I do not expect ready answers. Instead, I actively seek alternatives.	EA	3.57	0.62	0.002
	EC	4.33	0.66	

11. I try to devise ways to improve the routine in my workplace.	EA	4.1	0.7	0,003
	EC	4.57	0.6	
12. If I realize that organizational systems or practices can be improved, I put into practice new ideas that bring improvements to the company.	EA	3.64	0.79	0.198
	EC	3.95	0.74	
13. If I realize that organizational systems or practices can be improved, I suggest new ideas that result in improvements to the company.	EA	3.86	0.81	0.284
	EC	4.1	0.77	

*Mann-Whitney test.

DISCUSSION

The sample has a very small number of nurses with double shift. This can be explained by the fact that the study was carried out in a public university hospital, recognized as the best organization for pay of employees compared to private or philanthropic institutions⁽¹⁵⁾, which undoubtedly tends to discourage the search for other employment contracts.

Moreover, the fact that most respondents (87.3%) had only one employment contract may contribute to the high perception of proactive actions, as double shifts can negatively interfere in some aspects concerning the quality of production and the quality of life of the worker⁽¹⁶⁾.

Table 1 also shows that individuals who have been working in the company for longer time are usually appointed for management positions, suggesting the hypothesis that these workers are more experienced and wise. In a study conducted in Singapore, experienced nurses were more able to prioritize activities and predict needs, characterizing proactive action⁽¹⁷⁾. In another Brazilian study, the number of years spent working in the institution was a crucial factor, regarding proactivity, because the longer an employee has been working in an institution, the higher the chances he/she engages in proactive behaviors. This can be explained by the fact that engaging in such behaviors takes time: the professional must become familiar with the new job, build trust within the team and feel comfortable to take initiative in the workplace, providing an environment that favors proactivity⁽¹¹⁾.

Based on the findings of this study and the related literature, it is hypothesized that nurses who have been working for a very long time in the organization tend to be more proactive at work. However, this cannot be considered to be absolute truth, since the study focused on the administration of a scale that measures self-perception of the subjects, identifying better/more significant proactive behaviors among those nurses who had been holding strategic management positions for a long time, rather than how and to each extent these actors impact work-related problems.

The professional practice of nurses has different dimensions, considered as complementary and interdependent, which emphasis to the care and management dimensions, as well as the educational characteristics of nurses' work⁽¹²⁾. These dimensions must be integrated so that nurses, as part of a multidisciplinary healthcare team, can provide high quality direct care to patients, according to the work schedule and the patients under their care⁽¹⁸⁾.

It should be noted that nurses' work is focused on the delivery of high-quality care to patients^(9-10,12). Dividing the nurses into two groups (coordinating nurses and nurses who perform direct care activities) is one way of defining functions, since, even though the mapping of the activities performed by nurses in these two job positions is defined according to organizational goals, institutional culture and values that pervade nursing work⁽¹⁹⁾, any nurse job, especially in the hospital setting where care-related risks are undeniable, has one specific objective, to be achieved directly or indirectly, namely: the delivery of

better patient care. Therefore, it is believed that the proactivity is a set of behaviors that are recommended and highly needed for nursing practice, regardless of the function.

Table 2 shows that proactive behaviors in nurses' work routines are generally strong (77%) and there was no perception of poor proactivity. Such data corroborates the results of a recent survey conducted in a large hospital in southern Brazil where the percentage of proactive behaviors generally classified as strong was 62.8%, higher than the proactive behaviors classified as weak, which obtained a score of 7.8%⁽¹¹⁾. However, it should be noted that although the referred study⁽¹¹⁾ was also carried out in a hospital setting, the sample also included other nursing professionals, in contrast with the present study whose sample was solely composed of nurses and who were divided into different groups according to their occupations.

The high scores in proactive behavior obtained by the participants of this study especially in the group of coordinating nurses (91%), are positive and somewhat indicate a rational allocation of resources by the Nursing Coordination of the organization, because nurses in management positions are certainly exposed to more difficult decision-making situations that require a considerable amount of problem-solving skills.

It is known that problem solving through proactive performance can lead to better team development in organizations and prevention of adverse events that affect the quality of patient care⁽²⁰⁾. Thus, it should be stressed that managers/coordinators, especially those who manage care units, need to be aware of the real problems that pervade care, since their proactive action can contribute to improve the quality of direct patient care.

A qualitative study conducted in Brazil⁽²⁾, aimed to explore the impact of proactivity on care management, reported that the proactive actions of nurses could generate positive effects in their professional environment. Aspects such as quality of hospital care, concern with the patients' health needs, other than their pathological conditions, professional enhancement, patient and health team satisfaction, among others, are examples of the impact of proactivity on care management⁽²⁾.

Table 3 shows the unequivocal difference in proactive behaviors when the scores of the two groups of nurses are compared, with the scores of nurses in management positions higher than those of nurses that provide direct care to patients. Interestingly, the questions with a marked discrepancy (which statistical significance) in the comparisons are the one about searching for alternatives and not expecting ready answers (item 10); and about the search for ways to improve the work routine (item 11). This means that there was a difference in the proactivity scores among the groups of nurses, especially regarding anticipating and preparing for changes in the workplace.

Assuming a strategic position at the center of the hierarchical axis of nursing, reporting to the nursing coordination and leading teams under their technical responsibility within the organization, coordinating nurses play a key role in guiding or elaborating proposals for changes, being responsible for coordinating teams to achieve the proposed goals⁽⁹⁾. This reference to the positive scores obtained by the group of coordinating nurses reinforces the idea that the allocation of personnel who perform management functions in the hospital organization can be rational, although it is intuitive, since we do not have empirical evidence of a formalized process of selection of leaders that relies on a skill-based human resource management.

On the other hand, the nurses who perform direct care functions, despite their positive means (higher than 3.5⁽¹¹⁾ in all items related to proactive behavior, also obtained lower scores in all the items evaluated in the ECPO_R compared to the coordinating nurses. Motivational actions aimed to increase the proactivity of nurses who provide direct care can be developed by their respective leadership, in order to make them as proactive as coordinating nurses. This is certainly relevant since, even though those nurses do not perform management functions, they are responsible for care management and are supposed to lead the technical team in order to promote continuous improvements in care activities.

This corroborates what has been previously said about items 10 and 11, in which the nurses who provide direct care to patients obtained the worst scores and that concern the improvement of organizational systems and practices and attitudes of not expecting ready answers and actively seeking alternatives. Despite the positive scores obtained, this scenario indicates that the group of nurses who provide direct care may tend to be more passive than the group of coordinating nurses, which is a limitation of this study, since this finding can be a consequence of the work organization in the institution, and not a result of low levels of proactive behavior among the nurse who provide care to patients. However, these findings reinforce the idea that re (planning) a more active participation of nurses who provide direct and key care to patients is necessary.

A more in-depth analysis that supports what has been aforementioned suggests that proactivity is perhaps a factor dependent on organizational governance, which is naturally more expected from those who have strategic jobs, in this case, the group of coordinating nurses. On the other hand, it should be stressed again that assigning management jobs to nurses who work in administrative activities is undoubtedly counterproductive and worrying, since it may deteriorate the professional identity of nurses, who are naturally care managers⁽¹²⁾. In other words, although the group of coordinating nurses may have greater governability, "proactive" nurses are expected to take proactive action to improve the direct care managed by them.

Proactive nurses are a professional "model" suitable for the current work scenario, as they align their professional goals with the organizational goals and constantly seek the improvement of professional practice and provide the development of the organization⁽²⁰⁾.

Identifying individuals with proactive behaviors in an organization is an essential management tool that helps leaders encourage the expansion of these behaviors in work teams⁽⁴⁻⁶⁾. Therefore, this study contributes to improve the work performed by nurses, by enhancing a skill-based management and encouraging the professionals to become more proactive, based on the rational identification of talents and the mapping of jobs. Another related aspect is that proactivity in management skills should be addressed in basic and continuous training of nurses.

The findings of this study provide support for the nursing coordination in the reallocation of personnel, or even to enhance motivation at work, since they revealed that nurses have a positive proactive behavior, especially those who perform management functions. However, the purpose of this study was the assessment of the respondents' self-perception of proactivity. Thus, other studies that associate the identification of proactivity with real driving forces of change/ improvement in the workplace are needed.

One limitation of this study is that it fails to associate the perception of proactive behavior with concrete actions aimed to promote changes in the workplace, which could be explored in future studies. However, given the evident lack of studies on the subject, the present study provides a significant contribution in the area of nursing management by encouraging discussion about skill-based management, with focus on proactive behavior.

CONCLUSION

It is concluded that the proactive behavior of hospital nurses is perceived by them as positive. The proactivity scores of nurses who have management jobs were higher than those of the other nurses, with a statistically significant difference in some aspects of the phenomenon investigated. The subjects were divided into two groups, according to their occupations. This scenario suggests that a rational allocation of managers in the organization is possible.

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