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Organization of work and the production of subjectivity of the nurse related to the nursing process

Organização do trabalho e a produção de subjetividade da enfermeira relacionada ao processo de enfermagem

Organización del trabajo y la producción de subjetividad de la enfermera en relación con el proceso de enfermería

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Abstract

Objective: To identify how the organization of nursing work influences on the production of subjectivity and on the desire settings related to the Nursing Process, in the professional context. **Methods:** Qualitative research conducted in two public University Hospitals, distinguished by the implementation and non-deployment of the Nursing Process, with the participation of 12 nurses. Data were collected by semi-structured interviews and submitted to the thematic content analysis. **Results:** The institutional organization and the managerial positioning are factors that mediate the production of subjectivity of nurses, influencing in their desire related to the Nursing Process. **Conclusion:** The implementation of the Nursing Process provides nurses with a greater personal and professional satisfaction and drives the organization of work according to their specific tasks. The findings of this study allow the proposing of improvements and changes in health care contexts, as it presents a multiple disclosure of subjective constructions of nurses.

Keywords: Nursing; Nursing Process; Institutional Organization.

Resumo

Objetivo: Identificar como a organização do trabalho da enfermagem exerce influência sobre a produção de subjetividade da enfermeira e as configurações do desejo relacionadas ao Processo de Enfermagem no contexto profissional. **Métodos:** Pesquisa qualitativa, realizada em dois hospitais universitários públicos, diferenciados pela implementação e não implantação do Processo de Enfermagem, da qual participaram 12 enfermeiras. Os dados foram coletados por entrevista semiestruturada e submetidos à análise de conteúdo temática. **Resultados:** A organização institucional e o posicionamento da gestão são fatores que mediam a produção de subjetividade das enfermeiras, influenciando seu desejo relacionado à implementação do Processo de Enfermagem. **Conclusão:** A implementação do Processo de Enfermagem confere às enfermeiras maior satisfação pessoal e profissional e direciona a organização do trabalho segundo suas atribuições específicas. Os achados do estudo possibilitam a proposição de melhorias e transformações nos contextos assistenciais por apresentar um desvelar múltiplo das construções subjetivas de enfermeiras em relação ao Processo de Enfermagem.

Palavras-chave: Enfermagem; Processos de Enfermagem; Organização Institucional.

Resumen

Objetivo: Identificar cómo la organización del trabajo de enfermería influye en la producción de la subjetividad de la enfermera y las configuraciones del deseo en relación con el Proceso de Enfermería en el contexto profesional. **Métodos:** Investigación cualitativa realizada en dos Hospitales Universitarios públicos, que se diferencian por la implementación y no implantación del Proceso de Enfermería. Participaron 12 enfermeras. Recolección de datos a partir de entrevistas semiestructuradas, sometidas al análisis de contenido temático. **Resultados:** La organización institucional y el posicionamiento de la gestión son factores que influyen en la producción de la subjetividad de las enfermeras. **Conclusión:** La implementación del Proceso de Enfermería confiere a las enfermeras una mayor satisfacción personal y profesional y dirige la organización del trabajo según sus atribuciones específicas. Los hallazgos del estudio posibilitan la proposición de mejoras y transformaciones en los contextos asistenciales, ya que presentan un conocimiento múltiple de las construcciones subjetivas.

Palabras clave: Enfermería; Procesos de Enfermería; Organización Institucional.

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INTRODUCTION

Despite the extensive scientific literature related to the Nursing Process and its positive reflexes to the profession, its implantation in the contexts of social assistance of most health institutions still represents a challenge. Although it is designed as a tool for nursing work, of autonomy and professional recognition, still is identified scarce interest in its understanding and a veiled unpretentiousness for its adoption, both by managers as nurses, for the development of professional activities.[1,2]

Such attitudes can be perceived as a subjective question of meaning, in which the nurse, even seeming to be aware and assigning importance to the Nursing Process, reproduces a dynamic work formed by the historical trajectory of nursing and organizational culture of health institutions.

The individual subjectivity is produced by different assemblages, from a multiplicity of individual, collective and institutional levels, being, therefore, the individuals made up of multiple components of subjectivity, including heterogeneous machined production processes that manufacture and mold them. The collective determinants include not only social components, but also economic, technological, of media, and many others, including the professional practice and the relations established in the context of work.

Thus, the way the individual perceives and relates to the world represents the manifestation of its subjectivity. Therefore, behaviors and perceptions related to professional practice can demonstrate important manifestations of the subjectivity of the nurse, since institutional characteristics are related to the subjectivity production of that professional.[3]

In the process of subjectivity, the dominant social and financial system aims to homogenize pluralities, establish individuals in pre-set systems, model the own desire, to sustain its productive system. However, there is no hierarchy among the instances that compete for the production of subjectivities, being up to individuals to generate new senses and produce changes in the contexts, from a new desire.[4]

The wish corresponds to the desire to create, transform, invent or reinvent the social organization, the perception of world, the values systems.[3] The settings of desire are structured in three movements, organized according to the investment of desire and not following a fixed order: the first, characterized by dispossession, resulting from new ways of life that do not find expression in the constituted territories; the second, a simulation process, meaning search for new dispossession senses to compose their territories and; the third, the organization of territories.[5]

The singling processes: reflection, resistance or questioning of reality and the transformation of situations are considered escape lines for the expression of desire. However, such a process of resistance to the serialization of subjectivity and production of new natural references of subjectivity represents an arduous undertaking of desire to break with the established,

which was introduced over the years through a variety of ways, from the family, the school, the media, all the way to the workplace.[3]

The establishment of the singling of subjectivity does not appear to be desirable in organizations that exalt standardized and articulated individuals, according to so-called collective values systems, so that is maintained a social subjectivity production that ensures the preservation of the organizations.[6]

The subjectivity components of nursing professionals may be linked to a system of denial culturally acceptable, with meanings unconsciously inserted, separating its individual aspects and beliefs of its molded conduct, which may be related to professional attitudes that prioritize institutional routines and needs and technical and administrative functions of other professionals, to the detriment of the doings of nursing. In other words, they are subject to the wishes and institutional determinations, coming often from relations of power.

The nurses, to meet the demands imposed, underestimate their own functions, especially the design and implementation of the assistance to be provided to patients using the Nursing Process, compromising both the appreciation of their profession as their professional recognition. This culture reproduced and incorporated into their behavior patterns and meanings is promoted by social and institutional determinants[7] and has contributed to keep nursing at a crossroads, between external determinations to their doings and the possibilities of transformation.[8]

The adoption of Nursing Process can represent, therefore, a way to change this logic that sustains the work of nursing in many contexts, enabling to direct it, from an instrument of the profession, in its organization.

The survey of meanings that surround the theme of the Nursing Process and its relation to the subjectivity of the nurses has its justification manifested in the possibility of proposition of subjectivity singling alternatives, with the viability of transformations that can result in coping strategies of overcoming alienation panorama and produce expressions of desire, craving the recognition and appreciation of this instrument of organization of nursing work.

Also demonstrate the influence that the working environment context, including the adoption or not of the Nursing Process, the collective relations and management positioning, can have on the production of subjectivity of nurses enables to glimpse the heterogeneity of factors that influence the professionals' behaviors and perceptions, and represents a way for the proposition of alternatives to the recognition and adoption of the Nursing Process.

The present study, extracted from the thesis entitled "Nursing Process in the Perspective of the Subjectivity of the Nurse", sought to answer the following research question: In your opinion, the organization of nursing work influences on the production of subjectivity of the nurse and the settings of desire related to the Nursing Process, in the professional context?

Thus, this study aimed, in addition to characterize the participants of research, to identify how the organization of the nursing work influences on the production of subjectivity of the nurse and the settings of desire related to the Nursing Process in the professional context.

METHODS

It is a qualitative research, theoretically underpinned in the philosophical thought of the production of subjectivity of Félix Guattari and his followers. The scenarios of the research were two university hospitals of Rio Grande do Sul, selected due to their difference in the Nursing Process implementation and not implementation. It is noteworthy that, at different times, one of the researchers acted in nursing care in both hospitals, which gave the necessary rapprochement and understanding of the organization of the nursing work in these institutions and proficiency to the problematization of the phenomenon.

In addition, the fact of no longer belonging to any of these social contexts, at the time of data collection, made it possible to move away from the interference of the institutional environments of these hospitals. The institution, in which the Nursing Process is not adopted, despite already having been spent much effort, was named "Context 1" and; the scenario in which it is adopted since its founding in the 70s, was called "Context 2".

The sample were consisted by 12 nurses of six different units of each context: Hospitalization; Intensive Therapy; Emergency; Surgical Center; Ambulatory; and Education Sector of each of the two institutions, which included only the sectors of adult care. The inclusion criteria of the participants was working at the institution for at least five years, and the exclusion was not be acting, in the unit, by absence or leave, during the data collection period.

For the selection of the participants were requested the listings of nurses who work in the institutions and their respective work units, from which was made a simple drawing, with subsequent visits to randomly selected nurses to confirm the agreement to participate in the study and scheduling, according to their availability, for the data collection.

The semi-structured interview was the selected data collection method. Therefore, a previous script was drafted, comprising two parts: the first sought to collect general data of respondents such as gender, age, profession, training time and time of performance in the institution; in the second, the professionals were asked about their perception about the organization of nursing work in the institutions and on the perception of the position of management in relation to the Nursing Process.

The interviews were conducted by one of the researchers, in the period from June to August 2014, with an average duration of 40 minutes, recorded on audio and transcribed in full, by the researchers. To identify the speeches of the participants, it was used the code "NUR", followed by the number "1" or the number "2" for the respective contexts, and by the number of

order of participants. The inclusion of new participants was not necessary, because the saturation of data was obtained with the initial sample.

The data were submitted to thematic content analysis, following the steps of pre-analysis, exploration of the material and processing of results, inference and interpretation.[9] The ethical prerogatives of Resolution 466/12 of the National Health Council were respected;[10] the study obtained a favorable opinion from the Ethics Committee in Research of the two institutions, under the protocols 681.854, of May 22th 2014, and 713.708, of June 18th 2014.

RESULTS AND DISCUSSION

As to the characterization of the subject of the survey, all are female, with an average age of 44 years. With regard to vocational training: graduation completion year fluctuated between 1977 and 2005; the six nurses of the Context 1 concluded their education at the same university which the hospital is linked academically, while among the six interviewed of the Context 2, only two came from the university which is binding to the respective hospital.

The six nurses of the Context 1 have specialization degree, four of them are masters and, of these, one has a PhD and another is in the process of obtaining doctorate degree; five of the participants of the Context 2 have expertise and, of these, one has master degree. With reference to the time of practice in the institutions, the average among nurses of Context 1 is 11.6 years and, and of Context 2 is 20 years. As for the time of work in the current work units, the average units of participants from both institutions was of 10 years.

With regard to thematic content analysis of interviews, resulted the categories presented below:

Perceptions about the organization of nursing work in institutional contexts

In the movement of understanding the perception about the way the work is organized in their respective contexts, were identified meanings apparently dichotomous:

> Here, I can get organized better, compared to other places. Here, the number of "staff" (nurses and nurse technicians) is more appropriate, per patient. I feel good here. There are many requirements here, especially now, because of the international accreditation. We work with indicators that have a very good side: to get quality healthcare measured. On the other hand, we are really required. [...] But, we have the facilities too, but we are really required (NUR. 2.1).

In addition to the consideration of the institutional organization as a facilitator of an organized and proper work, which offer a good dimensioning of human resources and professional satisfaction, there is the emergence of the feeling of having a high professional requirement for the compliance of the institutional goals, which

portrays a critical position, against the established, recognizing positive factors of institutional organization, without the issues that generate wear and discomfort leaving to be considered. This finding demonstrates that the capitalistic serialization of subjectivity did not achieve the desired modeling because unpleasant situations remain identified and can be motivational source to the search for desired transformations.

The capitalist mode of production of subjectivity search modeling behaviors and meanings, so that the professional incorporates the form of organization of work established as the only possible or ideal. In addition to performing what they want, do it according to the determinations issued by the institutional organization, subjecting their will and creating ability to the discipline of power. In such cases, the tendency is to be internalized social values and, also, institutional as frames of reference for their actions, behaviors and perceptions, which give subjective consistency to disciplinary systems and hierarchy, representing one of the functions of capitalistic subjectivity: the culpabilization.[3]

Thus, professionals adopt pre-established frameworks, allegedly internalized as unique, adapting to their logic, even if contrary to their interests. It follows from this kind of manipulation that individuals do not consider themselves with the right or even sufficiently capable to question the established, accepting the reality that is presented.

The reports that follow exemplify the process of blamification, in two aspects: first, the internalization of a suitable working organization and that seems to hinder the emergence of the concept of an overload of activities, presented almost between the lines; and second, the experience of feelings of frustration and blamification, against an inefficient institutional organization and the confrontation of problems which seem to extrapolate their professional skills:

> Here, there was a great evolution since I started, though, in addition to care, we have to make other administrative functions. We are very connected with the [name of university], so we receive colleagues, give directions, guide them. And, with this coexistence, we see how things have changed a lot since I got here. [...] I think I can organize myself. Things work well. Here we have a very good number of professionals, despite the service demand. Here, we have a lot of things. We are responsible for many tasks and we want to provide a quality service, because the needs of patients deserve. We do the job from the assistance to education. And there is a lot of paperwork. (NUR. 2.2)

> I like what I do, but it is frustrating because there are barriers that you cannot solve. As much as you have dedication, you can't. Patients want to solve their moment problems and you keep putting out "fires" [...], and I do not believe it will change. Manage everything is getting worse

> because there aren't resources, you have no autonomy; it is exhausting. You give assistance only for what comes, and passes. (NUR. 1.3)

This way, when the nursing workers are subject to carry out their work without the necessary and sufficient conditions, they experience situations of suffering at work, but remain resigned to this form of work organization and what seems most worrying, sometimes blaming themselves, therefore, seem to feel responsible for failures or institutional precariousness. The blamification mechanism act and professionals seem to assume personal responsibility to the flaws in the institutional organization, to the incorporation of the pre-established models. Although domination and exploitation mechanisms are identified to which they are submitted, they experience a feeling of failure and inferiority that keeps and prevents them to counter the established.[11,12]

A professional exercise that prioritizes the demands and institutional weaknesses to their professional skills, affect the identity and appreciation of the profession, and generate a psychic and work overload, compromising the quality of care. Nursing seems to need to free up a conception of responsibility for all, claiming and assuming its space with the definition and demonstration of its roles.

In the face of the established models, the incorporation of the established as nurse assignment demonstrates how the process of capitalist subjectivation can mold conducts and behaviors and generate processes of subjectivation of submission and passivity. Therefore, the established determines the activities that need to be developed, regardless of a potential nonconformity, as shown below:

> I always could develop my work, but, of course, I know there are barriers even to the appreciation, what they see that the nurse has to do. Because, in reality, our job is to assist the patient, to manage nursing work and we are professionals who have the ability to diagnose, within our tasks and propose a conduct, an action that helps in the recovery of the patient. I have always done it. I see the patients, I see their needs, but I do it verbally, it is not written anywhere. It is increasingly undervalued, I have that perception. I see no institutional incentive to start doing [the Nursing Process]. And, we have many responsibilities that are not ours and we end up doing. The institution does not give another possibility, so, we cannot. (NUR. 1.1)

The prescribed organization and, mainly, the incorporated demands imposed as nurse assignment need to be questioned and reflected on. Nurses, to allow themselves to consider and value their professional dissatisfactions, start to recognize and read their own situation. This questioning can guarantee to them

the possibility of creation and expression of their desires. In other words, a process of desalination by the empowerment of the political and social significance of their work.

On the other hand, the organization of work is also identified as limiting the professional potential, being presented as a factor that has a negative impact on motivation and emotional disposition of the nurses to perform their work:

> *There was a time in which we used the nursing prescription, we used to do the following... But then it got lost. There was no recognizing within the institution: they took this work and put it in the trash. When closing the folders of patients, the part of the nursing was going to the waste. That is how you get used in here. Although being a teaching hospital, which the academy asked for, claiming to be important, the institution does not do that. There was heartbreak, we stopped doing. We said: "Let's keep doing because we value ourselves, so let's do it. But, there comes a time we realize that is was insignificant... Because the institution says to do or because you think you have to do, but you do not do it correctly. So, you do not want to do. [...] Or you do or you watch. Sometimes, there is not time to do because you have to solve a thousand things that are of an admin-istrative nature, that you would not have to be a nurse. So, all this were things that have moved us away from these, that would be our responsibility. (NUR. 1.1)*

At a time when the culturally established features are rigid and closed, any transformer movement faces their walls, reducing the chances of success, so that often becomes tiresome and unreasonable to mobilize forces and invest in the desires of creation, resulting in accommodation or resignation, before the imposed. In addition, the culturally established finds fertile ground in a profession historically disciplined to the obedience and alienation, used to follow rules, and seldom defend their professional demands and even not wanting to.[13]

The previous speech raises one more question: the possible influence of infantilization on the professionals, another function of the capitalistic mode of production, which sets up as a permanent dependency relationship of individuals to the one who owns and exercises the power, which can be represented by the instances of Nursing Services Coordination or Direction of the institutions, which regulates what is thought and what is done.[3] Such subjective relationship of dependency may have contributed to the abandonment of the process of creating before its start, due to the need for a prior determination by the representative figure of power; since this was not a determination of the institution; the other institutional determinations were prioritized.

In relation to the perception of the organization of work as limiting the professional potential, it is necessary to add to the different attitudes adopted by the subjects, compared to the structure of work and the possibilities of creation, exemplified in the following report:

> *It begins with barriers that aren't even institutional. They come from your own colleagues, your workgroup, and also, in other times, from other shifts, and to take it to coordination, also has some resistance. The part of the technology is well served, but, if you want to improve the care, it seems to me that you do not have a lot of support and this limits the job. I consider that issue the main problem. To convince someone, first you must convince their own colleagues. The team wonder who came up with this nonsense. Then come the students of the university and they say they will not do that, because they did not learn this way in college. You feel frustrated because you bring something that is simple and that is part of the care and you find many barriers. You feel your job limited, because you try, talk with people working in other institutions and try to bring new things, but then you get frustrated. What ends up happening is that, on your schedule, you can do the way that literature indicates, but in other shifts, you know others are not doing. (NUR. 1.2)*

The professional performance context represents a space in which the worker seeks to express and realize their desires and explore its possibilities, according to the meaning of work and profession, built over time. However, the reference schemes are not defined homogeneously, elapsing different postures and actions, across the logical constituent of work organization.[14]

Commonly, in the hospital organizations, care actions comply with standards and standardized routines, directed by established and internalized functions to regulate and standardize the professional work, so that proposed changes engender resistance and conflicts, since it is aim to change the way workers are used and were prepared/modeled to act.[15]

Individual and collective behaviors are governed by different factors, among which, power or economic relations. However, some of these motivations are difficult to identify and the purpose that leads individuals or groups to act in a manner contrary to their interests remains unclear. Thus, it is proposed that such conduct will not be abandoned by their apparent irrationality, but which are treated as raw material so that they can extract creative potential and give sense to the desire.[16]

Nursing professionals have potential and creative power to transform, collectively, the organization of work in which they are inserted, in order to assign greater value and delimitation of their professional activities. The transformative potential of nursing workers has a greater reflection on the professional practice, its political and social ties, the establishment of corporatist relations among its members and an attitude of desiring subject in their daily work. This break with the established, however, needs to be linked to changes in the way of thinking and producing nursing, as well exposes the interviewee in her following report:

> *Look, I have been through several phases. I have been through the hospitalization, when there even hadn't the*

Nursing Process; I have been through where it already existed; where the nurse did everything, what made often not valuing their work, leaving aside their evolution to, suddenly, ask you to fix a door. Nowadays, already exists the personnel of administrative staff who is taking care of it. But, nursing is still tied to handling all. You must have control of everything. They could not understand that you are assuming what is theirs... so you can assume what is yours. And, if she take what is hers, you are going to have to really see the Nursing Process and diagnosis are important. There will have time to value. (NUR. 2.6)

Thus, in order to proceed to improvements in professional practice contexts of nursing, the appointment of the necessary changes does not seem sufficient and efficient; such changes need to be desired by professionals in their collective. From the creative force that drives the desire, arising from disenchantment to what is set, that accommodates and model workers, it is possible to establish the rupture with the determinations of the dominant systems, which have been dictating what and to whom the nurse should submit and from what should guide their professional practice.

Finally, in the context of nursing care practice, seeking to understand their work form of organization takes on the dimension of grasping the printed meaning to this practice and working environment, which is closely related to the subjective process of those involved. Although the institutional setting does not occupy a hierarchical position higher than to other instances of the production of subjectivity, this context interfere in the actions of professionals, by exerting a molding influence on a worker's constitution proceedings brought by the capitalistic system, through different social relations and power, seeking to establish and maintain its dominant representation system.[3,16]

The implementation of the Nursing Process represents a direction for the organization of nursing work, according to its powers, which enables it to break with the list of activities and demands, historically and culturally instituted as the competence of nursing, dissatisfaction result for some of its professionals and collaborator factor, if not crucial, for the impairment of the recognition and appreciation of the profession. The positive consequences of its adoption can be seen in the data presented, in which satisfaction with the organization of work is higher among nurses' participants of this study, who work in Context 2, in which the Nursing Process is being implemented.

Perceptions about the positioning of management in relation to the Nursing Process

Regarding the perception about the positioning of the management, in relation to the Nursing Process, nursing reports, who work in the context in which the Nursing Process is implemented, point to effective strategies to its implementation as a compulsory institutional routine and the involvement and participation of nursing leadership. These are factors considered critical to the successful implementation of this method,

while in the institution in which the Nursing Process is not yet implemented, the lack of enforcement and management initiative for its implementation is pointed as a factor of difficulty.

Here, the Nursing Process just happened because the nursing coordination is a position connected to the central administration. It started because [name of the coordinating teacher at the time] fought for it. But I think it is because she had that strength to move and motivate people (NUR. 2.1).

At the end of the 90s, the hospital was changing the system and appeared a chance to include the nursing records. Then the teacher [name of the coordinating teacher at the time] took the challenge and said: "Let's institute in the hospital, the diagnosis of JANE DOE! At the time, it was required to make the prescription and the manual review of all patients. What has changed is that it happened to be on the computer and Diagnostics. There was much resistance. The biggest shock was to abandon the paper... There were two innovations: the computer and the diagnosis... It was a shock to those who work, for many years, in this hospital (NUR 2.6.).

So, when professionals and management join efforts in practice transformation projects, the chances of success are maximized, for reasons such as the provision of necessary working conditions, the lack of formal institutional resistance and, even, by the infantilization mechanisms. Overall, it was found that most professionals expressed a waiting position of management positioning, in other words, the organization for the implementation of the nursing process is mediated by whom represents and exercises the power.

The above makes it possible to infer that, unquestionably, when professionals and management come together for the transformation of the institutional setting and creating change, the possibilities of success become greater because, besides being offered working conditions, are not imposed formal institutional resistance, which adds to the collective efforts of the professionals.

Thus, it is noted that, in the Context 2, the nurses took part in the construction process, but this was activated and directed by the institution. Therefore, it is possible to identify the influence of capitalist mechanism of infantilization, from which the implementation of the Nursing Process succeeded, by its institution as a compulsory routine, associated with the provision of institutional conditions for it to become a reality.

Therefore, the inclusion of nurses in the construction process characterized this deployment as a collective production, which facilitated its acceptance and adherence: "*I think that, for having been constructed collectively, it was better accepted. Training was carried out, to go rolling*". (NUR. 2.5). Also, the participants consider that in the institution, "*there is incentive* [...]" (NUR. 2.5), and the process to be *"valued by both the professional and the leadership"*. (NUR. 2.3)

In contrast, nurses who work at the institution where the Nursing Process is not yet deployed, point out as fragility the lack of institutional structure for its development. Recognize that, sometimes, are institutionally required to implement it, but do not realize the effective commitment of the management to ensure that its deployment happen. Some consider that falls upon them the blame of the failures, under the justification that the nurses are the ones who do not want to implement the Nursing Process.

I think they want it because COREN is requesting, but they don't create conditions for its viability. It is very easy to request the implementation, to say that they don't do it because they do not want to, but it is not. (NUR. 1.5)

Much of these limitations is residing in the matter of the will, on the stimulus and pressure of the institution for its implementation. Therefore, often there is a group that says it cannot, cannot do and the management does not go ahead. The limitation is not only the employee, but also the management of the sectors as a whole. I think it is institutional. (NUR. 1.6)

Reports show that the position of management, with respect to implementation of the Nursing Process, is not clear to some nurses, since they do not identify an institutional commitment to do so. One of the interviewees, when asked about the institutional movement for its implementation, said: "*I do not see any movement. I do not know if they want*" (NUR. 1.4). Another participant described the position of the management as "*neither positive nor negative nor imposing. I think they have no opinion about it*" (NUR. 1.2)

The reports refer to the strong influence that the infantilization mechanisms play. In general, it is expected from the nurses management positioning, in other words, the organization for the implementation of the nursing process is mediated by those who exercise power, represented by the management of the institution and nursing coordination.

CONCLUSION

Through the analysis of the interviews, the proposed objective was achieved, as it became clear that the organization of nursing work in institutional contexts, and the positioning of the management in relation to the Nursing Process, are factors which mediate the production of subjectivity of nurses and influence the desire of these participants regarding the implementation or not of the Nursing Process as a tool of professional nursing work. Understanding how the organization of work is perceived made possible to grasp the meaning that nurses provide to their practice and their working environment, factors which exert shaping influence in their constitution as professionals.

In the institution in which the Nursing Process is implemented, the institutional organization is perceived as a facilitator of an organized nursing work, reinforcing the positive effect of its use

for the development of nursing care activities. In contrast, in the context in which does not occur its implementation, such an organization is considered inefficient and generates suffering at work, as well as limiting the potential of the professional, since it influences negatively on motivation and emotional disposition of nurses to perform their work.

The findings of this study corroborate that the implementation of the Nursing Process gives nurses greater personal and professional satisfaction, as well as direct the organization of nursing work, according to their specific duties. On the other hand, a work organization, in which predominate routine nursing actions, incorporated into the institutional culture and professional subjectivities as normal practice, learned and reproduced, does not give margin to the creative ability of its professionals, restricts the possibilities of achievement and innovation and gives the work a sense of being a destructive activity and not potentiating the virtues of its workers.

Thus, this form of action, based on the cultural and institutionally defined as the nurse's assignment, seems, sometimes, to be perceived as an option and not as an organizational determination to work, sublimating the real motivations for this attitude and a denial process, which protects her from possible shocks that change and the unknown may cause, when altering an apparent security position in the professional practice.

The verification of how the structure of the work context influences the perceptions and conducts of nurses enabled an analysis beyond the descriptive nature of the phenomena, with the unveiling of facets that permeate the professional constitution, suggesting the need to formulate strategies to overcome the established modeling, which has been dictating what and to whom the nurse must submit herself and from what should be guided their professional practice. It is pressing the singling of subjectivities and the emergence of the desire to change, from the awareness of professional submission and a political positioning, critical and innovative positioning, essential to break with the servitude to rules and routines.

It is considered that the results of this study make it possible to propose improvements and changes in the nursing work environments by presenting a multiple unveiling of the subjective constructions of nurses related to the Nursing Process. Regarding the research contexts, these results provide the institution which is implementing it, the evaluation of its progress and the replication of a successful experience, while enabling the institution which has not yet applied it to identify weaknesses and develop strategies to overcome them, based on the scientific construction.

As limitations to this study it is highlighted that we cannot control individual experiences and given interpretations to different situations by the subjects, and thus relate to the production of subjectivity only to the work context. Also, it is not possible to measure the changes in the perception and behavior of professionals in case they acted in other care settings and thus predict their behavior.

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