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## THE NEGOTIATOR THAT WE HAVE AND THE NEGOTIATOR THAT WE WANT IN NURSING<sup>1</sup>

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**ABSTRACT:** This study aimed to identify the negotiator profile of nurse managers of a public hospital. Data collection occurred between April and June of 2012, using a semi-structured questionnaire and a logical framework as a resource for planning the development of the action plan prepared by the nine nurses who participated in the study. In the data analysis, the following categories were identified: the negotiating process; the negotiator that we have in nursing; and the negotiator that we want, according to Bardin's content analysis technique. It was evident that the nurse negotiator profile was marked by the lack of autonomy and legitimacy. The conclusion shows that nurses are essential in the negotiating process when they understand the principles of conflict management, the establishment of rules and acceptable behavior, and the instrumentalization of the teamwork to develop healthy spaces in redefining the conflict as a situation that can contribute to organizational growth.

**DESCRIPTORS:** Nursing. Management of professional practice. Research in nursing administration. Professional competence. Negotiation.

## O NEGOCIADOR QUE SE TEM E O NEGOCIADOR QUE SE QUER NA ENFERMAGEM

**RESUMO:** Este estudo teve como objetivo identificar o perfil negociador de gerentes de enfermagem de um hospital público. A coleta de dados ocorreu entre abril e junho de 2012, por um questionário semiestruturado e um quadro lógico, utilizado como recurso para planejar o desenvolvimento do plano de ação elaborado pelos nove enfermeiros participantes da pesquisa. Na análise dos dados foram identificadas as seguintes categorias: processo de negociação; o negociador que se tem; e o negociador que se quer na enfermagem, segundo a técnica de análise de conteúdo. Evidenciou-se que o perfil do enfermeiro negociador é marcado pela falta de autonomia e legitimidade. Concluiu-se que os enfermeiros tornam-se efetivos no processo de negociação quando compreendem os princípios de gerenciamento de conflitos, estabelecem regras e comportamentos aceitáveis e instrumentalizam a equipe para construção de espaços saudáveis na redefinição do conflito como situação que pode contribuir para o crescimento organizacional.

**DESCRIPTORIOS:** Enfermagem. Gerenciamento da prática profissional. Pesquisa em administração de enfermagem. Competência profissional. Negociação.

## EL NEGOCIADOR EXISTENTE Y EL NEGOCIADOR DESEADO EN LA ENFERMERÍA

**RESUMEN:** Este estudio tuvo como objetivo identificar el perfil negociador de las enfermeras gestoras de un hospital público. La investigación de datos sucedió entre abril y junio de 2012, y ha utilizado un cuestionario semi-estructurado y un Marco Lógico como recurso para planear el desarrollo del plan de acción preparado por nueve enfermeras. En el análisis de datos, las siguientes categorías fueron identificadas: el proceso de negociación, el negociador existente, y el negociador deseado, de acuerdo con la técnica de análisis de contenido de Bardin. Era evidente que el perfil de negociador enfermera está marcado por la falta de autonomía y legitimidad. La conclusión fue que las enfermeras influyen en el proceso de negociación cuando comprenden los principios de la gestión de conflictos, establecen reglas y comportamientos aceptables y instrumentalizan al equipo para construcción de espacios saludables en la redefinición del conflicto como situación que puede contribuir al crecimiento organizativo.

**DESCRIPTORIOS:** Enfermería. Gestión de la práctica profesional. La investigación en administración de enfermería. La competencia profesional. Negociación.

## INTRODUCTION

According to the activities developed in the health area, nurses can be classified as a general health promoter (with health education activities), health promoter focused on the patient (nursing intervention for specific patient groups, such as patients with chronic diseases), and health management promoter. Nurses who perform management are the main implementers of health activities in hospitals or in the primary care.<sup>1</sup>

The nurse's role in management occurs from basic training, experience and knowledge of the management practice. The complexity related to workforce characteristics of several generations, and high expectations of patients and institutions regarding the outcome of the nurse's work, are challenges that require proper professional preparation for their operation.<sup>2,3</sup> Management tools such as planning, standard operating procedures, time management, leadership, autonomy, conflict mediation and negotiation are used to organize the management activities rationally, and support the decision making of that professional.<sup>4</sup>

The limitation of resources, lack of clarity about the work space of health team professionals, the impact of technological incorporation in the work process, the working conditions, and the increased level of institutional and patient requirements regarding the performance of workers are some of the factors that generate conflict requiring other skills of nurses who occupy management positions.

The management of conflicts by nurses redirects the focus of the team, decreases tension in the workplace, and equalizes the service purposes for resolving practical issues,<sup>5</sup> in order to meet the goal of the service, which is client health care. Conflicts appear when ideas, values, scarce resources and personal styles are different,<sup>5</sup> and if the interactions between professionals require negotiation, processes are productive and resolute, negotiating emerges as a tool that provides the structural basis for completion of the health work.<sup>6</sup>

The motivation for addressing the negotiation issue in this research emerged because this is one of the main management tools among those considered by nurses in a hospital of southern Brazil, when asked about problems with coping in their professional practice. Whereas, generally, conflict management is an issue with important implications for nursing management,<sup>7</sup> the guiding question of this research is: who is the negotiator we have and who is the negotiator we want, in nursing of this

hospital? Thus, the aim was to present the profile of the current nurse and the desired profile for negotiator nurse in a public hospital.

## METHOD

This was qualitative research, with the action-research modality. This approach was chosen because it has a proposal of open research with diagnostic and consulting features, used in unsatisfactory and complex situations in order to clarify them and submit possible actions for resolution. Action research consists of the following stages: exploration, research theme, issue establishment, place of theory, hypothesis, seminars, field observation, data collection, learning, formal and informal knowing, action plan and external disclosure. The phases are non-linear and may even happen simultaneously.<sup>8</sup>

After project approval by the Ethical Research Committee of the Health Sciences Sector of the *Universidade Federal do Paraná*, No. CAAE 0116.0.091.429-11, 12 nurse managers from a public hospital were asked to participate in the study. The hospital has a staff of 64 nurses and 146 beds. As inclusion criteria, nurses had to be working in managerial function for a period exceeding six months. Among the nurses contacted, nine met the inclusion criteria. These nurses were individually informed about the stages included in the data collection and content of the Free and Informed Consent Form.

Data collection occurred from April to June of 2012 by means of a questionnaire on the instruments used for the organization of management practice (a vignette explained the concept of the management tool) and eight workshops were conducted in the nurses' workplace. The first four seminars were held weekly, with 100% attendance, and the others, every two weeks with 75% attendance. Multimedia equipment was used, such as an audiovisual aid for presentation and validation of the synthesis of the previous seminar and presentation of the topic to be discussed.

The average duration of seminars was 90 minutes. Each seminar was recorded and the relevant information, such as the reactions of nurse managers, were registered in a field diary.

The survey responses were organized in Calc spreadsheets of *LibreOffice*, and were inserted in the logical framework tool (LF), presented at the first seminar and developed by the group during the next seminars. The organization of seminars, based on the action research assumptions, can be seen in Figure 1.

The action research involves the development of a conceptual framework, with the main issues identified by the researcher and actors involved in the problem.<sup>8</sup> Thus, the LF was used, a feature that enables one to manage and evaluate the results

of a practice, emphasizes the participation of the public, and ensures the effectiveness of the planning developed, such as the greater the involvement and co-responsibility of the group, the greater the commitment to achieving the objectives.<sup>9</sup>

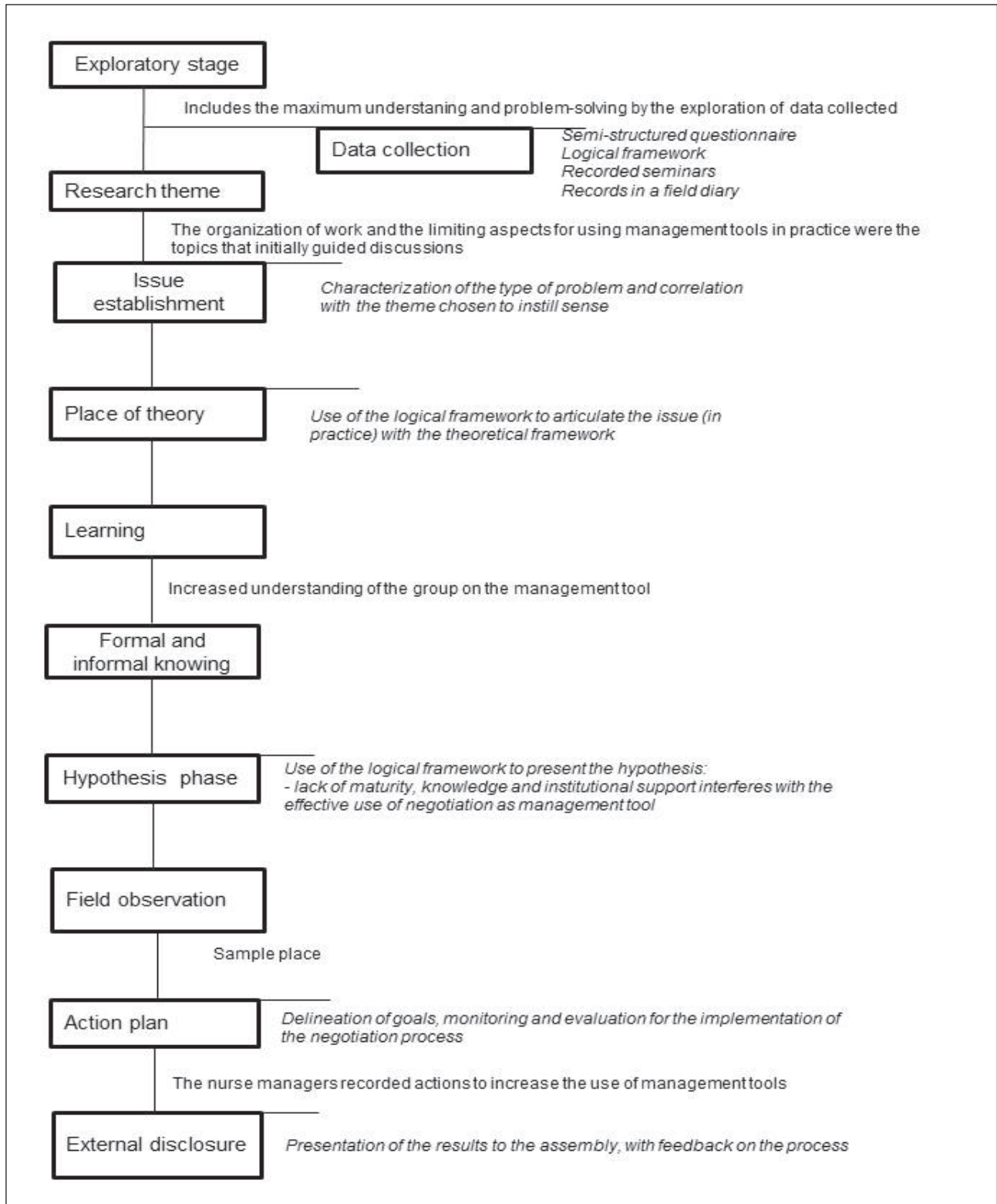


Figure 1- Organization of data collection according to the assumptions of action-research<sup>8</sup>

The LF (Table 1) is structurally developed as a matrix consisting of the following elements: activities that must be performed by the project manager; indicators that measure the quantity and quality of the results produced; evidence sources to verify the reliability of the indicators; and, important assumptions that address situations or events in the

sociopolitical context of the external environment and internal context of health organizations (situations that can interfere positively or negatively in achieving the objectives),<sup>8</sup> and finally, the intervention logic with specific objectives that represent the desired impact with the actions.<sup>9</sup>

**Table 1 – Structure of the logical framework. Curitiba-PR, 2012**

Logical framework structure			
	Indicators	Evidence of the action (methods of verification about what was achieved)	Important assumptions (aspects that imply the achievement of objectives)
<b>Main objective</b> (desired impact with the project)			
Intervention logic			
<b>Specific objective</b> (contribute to the achievement of the main objective)	Effect indicators (express what is expected to be produced)		
<b>Expected outcomes</b> (short and medium term)	Performance indicators (measure the outcome in time)		
<b>Primary actions</b> (actions performed for achieving each outcome)			

The LF was completed with the answers from the questionnaires and, for every seminar; information was added as it arose during the group discussions. The logic of intervention was guided by the objective of more resoluteness in the negotiation process.

Data were analyzed according to the content analysis technique, thematic modality. This technique is divided into chronologically organized phases: pre-analysis, material exploration, treatment of results, inference and interpretation. The raw data were systematically transformed and aggregated in representing units of content, known as encoding. Thus, in the process of data processing, classification occurred in categories that gathered the textual elements (recording unit), receiving a label common to all of them. The frequency of occurrence of the extracted themes defined the units analyzed or their core direction,<sup>10</sup> presented in Table 2, with the statements of some of the participants identified by the letter E, followed by sequential Arabic numerals (E1

to E9), to guarantee the right to confidentiality<sup>11</sup> of the group of nurses. The WEFT-QDA software was used during this process as support to the analysis of qualitative data.

## RESULTS

The age of the participants ranged from 25 to 30 years (66.6%), which shows a young representation of nurse managers of healthcare and administrative units. The prevalent time since graduation in nursing was one to five years (55.5%) and 77% of nurses had one to five years of experience in the managerial function.

After processing the data, three empirical categories were revealed: the first was called The negotiation process; the second, The negotiator that we have; and the third, The negotiator that we want. The categories and their subcategories are detailed in Table 2.

**Table 2 - Empirical categories and subcategories of the managerial negotiation tool according to nurse managers. Curitiba-PR, Brazil, 2012**

Empirical category 1		The negotiation process	
Empirical subcategory	Units of meaning	Registration unit	
Description of the current negotiation space	The lack of legitimacy and institutional support in the professional preparation for managing E1; E2; E3; E4; E6.	<i>If we have a conflict situation, you say: I cannot answer 100%, and then the employee goes to a higher authority, the leader should support you (E1). Maybe training has to be necessary to be able to identify what is really needed to [...] we are too young to be in this situation (E2).</i>	
	Interference of the institutional management model E1; E3; E4; E5	<i>[...] in many situations the decisions are imposed (E1).</i>	
	Instruments for negotiation support: leadership, communication, decision-making and knowledge E6; E2; E3	<i>To negotiate, I think communication is necessary; the decision-making process; and to have support from ordinances and legislation, knowledge is necessary (E6).</i>	
Empirical category 2		The negotiator that we have	
Empirical subcategory	Units of meaning	Registration unit	
The negotiator profile that we have	The nurse does not recognize himself as a leader responsible for negotiating E5; E6	<i>[...] as a professional, managers need to know what their role is (E6).</i>	
	The nurse does not feel autonomous to negotiate E3; E4	<i>Empowerment is what is missing (E3).</i>	
	There is a lack of preparation to act E1; E2; E3; E4; E5	<i>[...] some postpone, postpone the conflict, pour oil on trouble waters, and after a while everything is in trouble again (E5).</i>	
Empirical category 3		The negotiator that we want	
Empirical subcategory	Units of meaning	Registration unit	
The negotiator profile that we want	The nurse must have relational skills and master negotiation techniques E1; E2; E5; E4	<i>The negotiator would not have to be so cautious to talk to people, should be devoid of judgment, be mature, be willing to listen, be flexible and neutral (E1).</i>	

## DISCUSSION

The results of this research revealed in the first empirical category that the negotiation process, by itself, is a generator of conflict. The conflict described by the participants represented negotiation moments shaped by imposing solutions, illegitimacy of the results of the negotiation processes performed by nurses, with evidence of breaking hierarchy and lack of clarity in terms of the boundary for action (ambiguous autonomy). Imposed decision-making is characteristic of the centralized management model. It shows that the breaking hierarchy leads to a lack of clarity for the nurses regarding their role. Thus, sometimes the nurse assumes the role of mediator, sometimes-silent negotiator over the conflict. Among the strategies to face the conflict, although not the most effective, evasion is the most used among nurses, nursing technicians and physicians.<sup>7</sup>

The legitimation expected by nurse managers, if not solidified, creates management difficulties, characterized by a lack of institutional and emotional support (dissatisfaction). This lack of legitimacy can be found in unexpected decisions; for example, the fact that staff members are not satisfied with the results of negotiations and seeking someone at a higher level of authority to get what they want. Although nurses suffer negative effects, such as lack of legitimacy and autonomy, in the traditional model of management or centralistic, they manifest in their statements the search for balance and legitimacy, turning toward more democratic negotiation times.

Legitimacy is the power that is derived from the position occupied by nurses in the hierarchical line, and indicates the level of authority they have. The more comfortable nurses are with the legitimacy of their power, the more easily they can comply

with their role. Even newly graduated nurses can be placed, very quickly, in positions of power and authority after undergoing minimal guidance on how to proceed, as long as they have knowledge of its activity limits, as the appropriate and timely use of legitimate power ensures positive results for patient care.<sup>12</sup>

However, legitimacy and authority are not enough. The power of the nurse results from the interaction of several factors, such as knowledge and experience, acceptance and respect for others, the ability to influence behavioral change, either by persuasion or coercion, and, more recently, the ease for nurses to learn and share information with their network of contacts.<sup>12</sup>

When nurses have the product in their negotiations questioned or revoked, the power originating from the position held is denied. In this sense, the organization has a responsibility to provide structure and develop policies to support leaders in situations of conflict, promoting an organizational culture to identify, prevent and reduce conflicts reinforcing the positive results, to invest in continuing education for professionals and encouraging collaborative behavior.<sup>13</sup>

In addition, the organization can act to identify ambiguities in role performance or even in different conduct that can generate conflicts within the team, and develop models of professional practice enabling accountability for activities, autonomy and reflection on decisions in the workplace.<sup>13</sup>

The organization of work in public hospitals depends on external influences, such as government legislation and regulations that guide the internal environment of hospital control to ensure expected results are achieved. In this respect, the nurse manager cannot develop his/her practice disconnected from deep knowledge on public policies aimed at consolidating the current health care model, as the "critical" acting and thinking of nurses encourage the consolidation of the doctrine and organizational principles of the Unified Health System.<sup>14</sup>

Regarding the "profile of the negotiator that we have", the study participants did not recognize themselves as leaders responsible for negotiating, did not feel they had autonomy to negotiate, and considered themselves inexperienced to perform negotiation. Furthermore, the influence of the institutional model, adopted where the institutional leaders centralize decisions, is a condition that limits the practice of negotiating by managers.

On the other hand, as a representative of the team, the nurse plays a central position in the ne-

gotiation process, and seminars of this research can be seen as a strategy to accelerate this process, by reflections and discussions leading to the development of the LF. However, for this, the nurse must occupy a leadership position in the team, which is one of the concerns of local health managers, since the newer nurses do not behave as leaders.<sup>15</sup>

The condition in which nurses are not recognized as nursing team leaders converges with the findings of this research. Efforts to transform this attitude must be permanent, focusing on vocational training and educational support necessary for nurses to take responsibility for their own contributions to care management, and cooperation with leaders of other health care areas.<sup>15</sup>

The institution's recruitment process is conducted by public contest, and this form of selection does not consider previous experiences of candidates as a prerequisite, resulting in the hiring of nurses with little or no experience. Many nurses are allocated into management positions, without having developed managerial skills required for the position, generating situations of insecurity during everyday conflicts.

Even if the institution has a complementary training program, in general, these programs are focused on clinical rather than management updates. The development of skills happens gradually, despite the institution's efforts; the nurses have difficulties overcoming the lack of experience that competes with the fragility of nurses to negotiate, exercise autonomy, and be perceived as a leader.

Thus, the existing negotiator is the nurse manager, who is not independent and does not feel autonomous. Having autonomy means to have authority and power to act freely according to the professional knowledge obtained. However, the development of an autonomous practice depends on the understanding that nurses have of the concept of autonomy and the courage to assume leadership in situations where they are responsible.<sup>16</sup> The competence and autonomy to work is more easily established by collaboration, monitoring and support of the most experienced nurse peers, employers and other members of the health team.<sup>17</sup>

The mitigation of the conflict depends on the power of their leadership at any level of the organization. The management of conflict begins with the recognition by the nurse that this is inevitable in the work environment, and results from differences between the team, such as age, sex, life history, culture, or even religion. Confrontation of the conflict

can contribute to the growth of the organization and result in changes.<sup>13</sup>

In their reflections on the "Profile of the negotiator that we want," the participants concluded that the nurse must have relational skills and master negotiation techniques. The relational practice is the basis of all activities in nursing, and is part of the body of knowledge necessary for the nurse to work.<sup>17</sup> The mitigation of the conflict also depends on how the nurse leads the team, in recognition of the role of each individual in conflict resolution and accountability for the actions, in adopting a respectful attitude when communicating with other professionals/families/patients, and understanding that quality of the work environment depends on each one.<sup>13</sup>

However, when conflict persists, it is necessary to use negotiation techniques. The desired profile of the negotiator for research participants requires mastery of these techniques. The dynamics of the negotiation involves the nurse's ability to separate the people from the problems, avoiding judging who is right or who is wrong. This drives the focus on feelings of anger to the opening of dialogue between the parties.<sup>18</sup>

When conducting the negotiation, the nurse must also have in mind the results he wants to achieve. It is necessary, therefore, to have the involvement of all parties in the process, because the investment in outcome requires participation of all. Another factor is the environment of negotiation, which needs to be prepared and be as favorable as possible to constructive negotiation. This requires that nurses have the ability to identify which values (concerns, ideas, and hopes) are at stake, and it is precisely the understanding of the people with an interest in the conflict that shows the human meaning behind it. When specific characteristics are recognized in the other, empathy occurs, motivating more easily innovative solutions, even if they are only partial ones.<sup>18</sup>

As the conflict is approached as a result of a collaborative effort between the nursing staff and other health professionals, these negotiating techniques should not be the domain only of nurses. As a leader, the nurse must identify gaps in the training of his/her team members and invest in their development of communication and technical skills for negotiation.<sup>5</sup>

Since negotiating techniques are not taught in nursing schools, during situations of conflict, many nursing professionals use the same unsuccessful strategies used in their personal lives, resulting in

unprofessional resolutions by means of evasive techniques or some inappropriate verbal responses.<sup>5</sup>

Nurses must make clear what they expect from the team. They can start by encouraging the team members, together, to list one or two unacceptable behaviors, such as depreciating a colleague in front of others, or commenting on a particular person outside of her presence. After that, the next step is to establish basic rules, such as mutual agreement of not supporting unacceptable behavior, and all of them must be able to identify inappropriate behavior and confront the colleague in a professional manner.<sup>5</sup>

This attitude is in opposition to the common sense of many nurse managers, who believe that the team is able to negotiate without their support, or rules and behaviors considered acceptable by institutional leaders are delimited. Nurses must encourage their staff to negotiate, confronting another myth of the professionals in this area in this regard, that nurses should solve all the problems.<sup>5</sup>

By doing so, the nurse shares with the team the responsibility for negotiating, and generates a collaborative aspect in maintaining a healthy environment of conviviality at work. The survey participants indicated as managerial support tools: negotiation, decision-making, technical knowledge, leadership and communication.

Managers can contribute to the negotiation process by using tools that promote the control of conflicts, such as honest and transparent communication, empathic listening and transformational leadership.<sup>13</sup> Communication requires that the nurse knows how to use words, enabling them to be effective. The decision-making process for taking effective decisions, adopted by the institution, can provide support for negotiation when it is systematized and is clearly demarcated in its criteria, constituent elements and based on theories and principles.<sup>19</sup>

The collective construction of the LF, nurses indicated some determinants of the negotiation process and characterized the negotiator profile. This activity helped nurses to understand their areas of activity and stimulated reflection on the skills needed by the nurse negotiator, from the objectives proposed for them in seminars in order to obtain better resolution, by structuring the negotiation process. The performance and operational indicators were confirmed by the list of participants, and the objectives initially raised by the group were achieved in the development and completion of the project.

## CONCLUSION

The results allowed us to recognize the profile of the negotiator nurse, and the expected profile, in the studied institution. Although nurses described the negotiator that they want as the one that dominates the negotiation techniques, it demonstrates the initial difficulty of being recognized as negotiators, even in leadership positions. However, during the discussions, the importance of the negotiator role was realized, as well as negotiation as a tool that enables an effective practice.

By positioning oneself as a leader, the nurse can define rules about acceptable institutional behavior; providing technical elements to the team in developing healthy spaces for negotiation; and, redefine conflict as a condition that contributes to the strengthening of the work team and hence, institutional growth.

The group as a strategy that encouraged the debate in a participatory and experience sharing manner considered action-research as a method used for the development of research. With the understanding that others face similar problems in the daily work, a sense of group solidarity emerged. Thus, it was requested that space would be preserved and used for further discussion related to managerial issues.

From the perception of the nurses, it was important that the institution promote neutral spaces in which the situations could be analyzed together. This proposal composed the action plan in the search for effective negotiation as an integral instrument of routine teamwork. The method also facilitated the interaction between researchers and participants, as the seminars were going on, and nurses clarified their doubts, configuring this as an important moment of collective learning.

Despite the study expressing a specific reality, it is understood that its results can contribute to the understanding that conflict management is a growth opportunity for the team. As a limitation, we highlight the absence, in the research, of leaders of senior management and the followers of the group of managers, which would exploit the situation and promote discussion of the larger-scale negotiation process.

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