

Management of resources in nursing: beyond leadership. Our will to be and do

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Abstract

This article reflects upon the reach of the contribution from nursing in the management and development of public policies for adequate assignment of resources that facilitate better healthcare in the Colombian population.

Key words: nursing; health economics; health public policy.

Gestión de recursos en enfermería: más allá de un liderazgo. Nuestra voluntad de ser y hacer

Resumen

Este artículo reflexiona acerca de los alcances de los aportes de enfermería en la gestión y desarrollo de políticas públicas para una adecuada disposición de los recursos que faciliten una mejor atención en salud a la población colombiana.

Palabras clave: enfermería; economía de la salud; políticas públicas de salud.

Gestão de recursos em enfermagem: além de uma liderança. Nossa vontade de ser e fazer

Resumo

Este artigo reflexiona a respeito dos alcances dos aportes da enfermagem na gestão e desenvolvimento de políticas públicas para uma adequada disposição dos recursos que facilite um melhor atendimento na saúde à população colombiana.

Palavras chave: enfermagem; economia da saúde; políticas públicas de saúde.

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Is our eagerness for professionalism that which separates us from the biggest national or international health problems? Does the reflection of a prevention society, centered on the biomedical model, make us forget the strengths of health promotion? Why do we not understand that nursing could play a better role if it intervenes in the formulation of public policies related to healthcare? From a global context of healthcare, and relating the concepts that interact and condition it, we must bear in mind the effects upon wellbeing that healthcare services produce on the people and how would be the most efficient way to optimize these services. From the experience as nursing students, the effects upon wellbeing are related to the comprehensive care offered to individuals during their health-disease process, which has the requirements of being humanized, of quality, efficient and effective to satisfy each of the identified healthcare needs.

We must not forget, however, that constant pressure from the healthcare system is the competitive use of the resources available and the balance that must be kept with the population's healthcare needs. Obviously, it is fitting to understand that healthcare is "a right of all the people, without distinction, a right to enjoy a whole range of facilities, goods, services, and conditions necessary to reach the highest possible level of health".¹ The aforementioned, makes us infer that healthcare services must be accessible, equitable and with an optimal professional level; additionally, these must consider the resources available and accomplish user adhesion and satisfaction, keeping in mind that the quality axis in the policy of providing services is conceived as a strategic element based on continuous improvement of quality and care centered on users, both based on efficiency.

In this sense, it would be expected for a competitive balance to exist and if all the goods and services entering as variables in the functions of cost or profit receive, effectively, a market price, this balance is optimal.¹ This is why, from academia, as future nursing professionals, we must be aware of the nurse's overriding role in planning,

organization, direction, and control of financial, human, and material resources necessary to care for the people, without forgetting that it is a requirement for financial harmony to accomplish a balance between healthcare goods and services.

Referring to the relationship of the economy with healthcare, a nursing professional argued that "communities exist that can supply their basic needs, that is, where their economy is positive and resources are available, and when some basic need is not satisfied, it is because its economy is negative. In Colombia, the relationship between healthcare and the economy is seen as a business, which favors enriching the providers ...". Regarding this response, Ramírez² states that, effectively, a business exists with healthcare and that "it is becoming a threat to social stability, given that faults in the systems are causing the rise in health costs and, at the same time, increased inequities in health and access to services". This is how, on a daily basis, it is seen that healthcare services do not manage to satisfy the needs of users.

Upon said situation, it is important to optimize the use of the health resources available, a situation expressed by a nurse: "by not wasting the resources, by educating patients, families, and the personnel in charge in promotion and prevention, in addition to making them aware of the good use of the resources and the possibility that others can receive healthcare if keep it in mind". As mentioned, in real life and due to our practical experiences, we have been able to see a good part of the responsibility in using resources and their management lies on the nursing professional, who directs their assignment in the institutions. Hence, if good management is conducted, more people could benefit from healthcare with higher human and scientific, and technical quality.

Also, it is important to consider the economic crisis in the Colombian healthcare sector health, which has brought it to the brink of collapsing. A nurse voiced the opinion that our trade must "protest passively but massively against the poor use of the resources assigned to social security in

health, given that this affects us directly because a few politicians and monopolies are deteriorating the system through the bad use of these resources or by wasting them. The worst evil in the land is indifference. This is why we must be proactive and critical against this situation. Likewise, we can create audit committees by zones to aid in the best use of the resources”.

Referring to this last phrase, it is true that elements exist that create obstacles in the environment for effective management, some of these are: not enough personnel, prevalence of females facing multiple social roles (wife, mother, professional), high rotation of personnel, absenteeism, work teams quite heterogeneous in their formation, poor continuous education, and weak professional support, service, and altruism culture, which generates the necessity to reorient healthcare services.

The Colombian healthcare system, as others in the world, is affected by the five beliefs in providing services, which are: inverse healthcare,^{2,3} impoverishing,^{2,4} fragmented, iatrogenic, and poorly directed,² which is why nursing proposes strategies for the optimal use of the resources available in healthcare; in turn, because of the way a professional responds.

This is accomplished “through promotion, prevention, and creating awareness in managing these resources”. Nurses must introduce their point of view regarding policies to assign the healthcare resources from the public sector, participating in discussions on the theme with government entities, international organizations, private investors, and healthcare administrators. It is worth mentioning that the International Nursing Council has an important function to perform within the global context, influencing upon healthcare policy and representing nursing and its professionals.⁵ Globally, the costs of healthcare services tend to increase; however, users in turn do not receive the care they need.³ This is caused by the rise in inequities healthcare and access to services, which demand commitment from the different players in the system;⁶ as mentioned by a nursing professional “we all have responsibilities

in this regard”, which is quite coherent because an inter-sector commitment must exist to tend to improve the community’s health.⁷

Investment in healthcare is vitally important to reach and comply with the Millennium’s Development Objectives, being a central setting in development programs. It is where it is expected for nursing to participate, along with the other players, in the destination and good use of healthcare resources. To conclude, although a sole solution does not exist to improve the management of healthcare resources, nursing must seek the structuring of public policies to solve this problem, bringing more efficiency and equity to the use of the healthcare resources needed by the people. With the aforementioned, we would be fully complying with our function of “caring”.

References

1. Gallego JM. El estado del arte de la Economía de la Salud. Informe final, Programa Jóvenes Investigadores del Comité para el Desarrollo de la Investigación CODI. Medellín: Universidad de Antioquia; 1998.
2. Ramírez Gómez MC. Ocampo Rivera DC. Determinantes de servicios de salud en los adultos. Docentes del microcurrículo de Cuidado al Adulto. Medellín: Facultad de Enfermería de la Universidad de Antioquia; 2010.
3. Organización Mundial de la Salud. Informe sobre la salud en el mundo 2010: La financiación de los sistemas de salud, el camino hacia la cobertura universal. Ginebra: OMS; 2010.
4. Grupo de Economía de la Salud. Observatorio de la seguridad social: Crisis económica, reformas y salud. Medellín: Facultad de Ciencias Económicas de la Universidad de Antioquia; 2009.
5. Consejo Internacional de Enfermeras, Organización Mundial de la Salud. La Comunidad de enfermería, políticas macroeconómicas y de finanzas públicas: Hacia una mejor comprensión. Ginebra: CIE-OMS; 2010.
6. Sen A. ¿Por qué la equidad en salud? *Rev Panam Salud Pública*. 2002; 11(5-6):302-9.

7. Organización Mundial de la Salud. Macroeconomía y salud: Actualización Aumento de las inversiones en resultados sanitarios para los pobres, segunda reunión consultiva sobre Macroeconomía y Salud [Internet]. Washington: OMS; 2011 [cited 2012 May 10]. Available from: http://www.who.int/macrohealth/events/health_for_poor/en/executive_summary_es.pdf.