

Do we form or deform? Qualitative Investigation in Public Hospitals of Madrid

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Abstract

Qualitative design with an **ethnographic approach**, to achieve the objective of the study.

Data collection

The data has been collected through these information collection techniques:

Participant observation consisting of analysis of documents, interviews with subjects and informants, participation in the field, direct observation and introspection¹³; registering systematically in a journal, together with the field notes.

In-depth interviews are carried out, through two techniques:

Unstructured interviews with open questions.

Semi-structured interviews through a Guide of questions, extracted from previous observation sessions or interviews.

These interviews are, in turn, formal and informal, conducted individually or in groups¹³.

In the formal ones, the participants are asked to sign the informed consent in order to be recorded and their consent after the transcription of the same.

Informal interviews are carried out during the entire period of stay in the unit or center, to any participant who voluntarily chooses to talk with the researcher, having prior knowledge of the realization of the same and study information.

Do we form or deform? Qualitative Investigation in Publics Hospitals of Madrid

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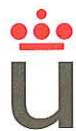
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D. José Luis del Barrio Fernández, Secretario del Comité de Ética de la Investigación de la Universidad Rey Juan Carlos,

CERTIFICA

Que este Comité ha evaluado el proyecto de investigación titulado:

MODELO LEAN Y CULTURA HOSPITALARIA. ENFOQUE CUALITATIVO

Con número de Registro interno: 37/12

y considera que:

- Se cumplen los requisitos éticos necesarios del protocolo en relación con los objetivos del estudio y están justificados los riesgos y molestias previsibles para el participante.

Por lo que ha decidido emitir un dictamen **FAVORABLE** para la realización de dicho proyecto, cuya investigadora principal es la **Dña. M^a JESÚS GÓMEZ CAMUÑAS** de la Facultad de Ciencias de la Salud de la URJC

Lo que firmo en Móstoles a 22 de Noviembre de 2012

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Abstract: *Background:* the creative capacities and the knowledge of the employees are components of the intellectual capital of the company; hence, their training is a key activity to achieve the objectives and business growth. *Objective:* To understand the meaning of learning in the hospital from the experiences of its participants through the inquiry of meanings. *Method:* Qualitative design with an ethnographic approach, which forms part of a wider research, on organizational culture; carried out mainly in 2 public hospitals of the Community of Madrid. The data has been collected for thirteen months. A total of 23 in-depth interviews and 69 field sessions have been conducted through the participant observation technique. *Results:* the worker and the student learn from what they see and hear. The great hospital offers an unregulated education, dependent on the professional, emphasizing that they learn everything. Some transmit the best and others, even the humiliating ones, use them for dirty jobs, focusing on the task and nullifying the possibility of thinking. They show a reluctant attitude to teach the newcomer, even if they do, they do not have to oppose their practice. In short, a learning in the variability, which produces a rupture between theory and practice; staying with what most convinces them, including negligence, which affects the patient's safety. In the small hospital, it is a teaching based on a practice based on scientific evidence and personalized attention, on knowing the other. Clearly taught from the reception, to treat with caring patience and co-responsibility in the care. The protagonists of both scenarios agree that teaching and helping new people establish lasting and important personal relationships to feel happy and want to be in that service or hospital. *Conclusion:* There are substantial differences related to the size of the center, as to what and how the student and the novel professional are formed. At the same time that the meaning of value that these health organizations transmit to their workers is inferred through the training, one orienting to the task and the other to the person, either patient, professional or pupil and therefore seeking the common benefit.

Keywords: Training, Public Hospitals, Company, Professional.

1. Introduction

From a theoretical point of view and agglutinating together definitions of different authors, you can say that the intellectual capital of the company has its origin in the patrimony of the people [1]: knowledge, training, experience, motivation, initiative, values [2] and creative capacities [3].

Intangible assets, which explain a good part of the valuation that the market gives to an organization [4]. Firstly, because it differentiates some companies from others by the attributes that they add to the product, the technology or the way of relating to customers and secondly, by its capacity to add value to resources that do not have it [5].

In fact, successful companies are transforming themselves into educating organizations and knowledge organizations, where organizational learning is increased and developed through intelligent processes of knowledge management [3].

Therefore, investing and managing in human capital considers itself fundamental for the survival of organizations [6], specifically through their training, a key activity of management, which contributes to the achievement of objectives and business growth [5].

Hence, there is an interest in measuring the non-accounting assets that indicate the effectiveness of the training such as: knowledge of people, satisfaction of employees and customers, and the "know-how" of the institution, among others [4].

Focusing the problem on the reality of Spanish health nowadays, a public hospital is considered a service company [7]. Concepts such as management have been implemented in the health sector in an attempt to improve the quality of care provided to patients, and optimize the limited resources available to health institutions [8]. However, and in parallel, the dissatisfaction of both users of health services and professionals has been increasing [9].

Thus, with the aforementioned, it seems pertinent to conduct a study in public hospitals with the purpose of understanding how learning affects nursing students and novice professionals.

2. Aim of Study

In particular, from the problematic situation enunciated, this study aims to understand the meaning of learning in the hospital from the experiences of its participants through the inquiry of meanings.

2.1. Hypothesis

In qualitative research the hypothesis are not formulated as in quantitative, they are abstractions, which relate two or more linked concepts, coming from the data, which are exposed innocuously in the narrative tissue explaining the phenomenon [10].

3. Method

3.1. Study Design

Qualitative design with an ethnographic approach, to achieve the objective of the study. A methodological choice based on the type of knowledge that is intended to be obtained, since the findings it produces, are not reached

through statistical procedures [10]; and an approach oriented by the significance: for the human group object of study and for the scientific community and, by extension, the society in general to which the researcher directs the results [11].

3.2. Research scenes

This study is part of a broader research on organizational culture, carried out mainly in 2 public hospitals of the Community of Madrid, also with participants from 2 other hospitals; and a hospital in another Autonomous Community of Spain.

A selection of contexts made based on the criteria of convenience [12] and heterogeneity [13].

3.3. Participants of the research

The established criteria for the election of the individuals of the study are:

- Inclusive Criteria:
 - Adult Age (18 years old and up)
 - Health workers and non-health workers of all professional categories of the unit or center, who voluntarily access
 - Firm of informed consent to conduct the formal interview.
- Exclusive Criteria
 - Denial of the signature of the informed consent.

The individuals of the sample are chosen through intentional sampling, through two modalities: opinion sampling [13] and theoretical sampling.

The size of the sample is governed by the principle or strategy of the theoretical saturation [10].

3.4. Ethical Consideration

The research is authorized by the Committee of Ethics of the research of the Rey Juan Carlos University. The access permits are obtained from the addresses of the participating hospitals, after sending the research project for study and resolution of doubts in a concerted appointment.

With respect to the information regarding the study, in order to guarantee the anonymity and confidentiality, both of contexts and of informants, the international norms of data protection have been respected, as well as the current Spanish legislation, (Organic Law 15/1999 from 13/12/99 from Protection of Data of Personal Character, BOE 298 of 14/12/99) [14], awarding them an alphanumeric code that avoids their traceability, in addition to a strong code in the computer where the documentation is stored.

3.5. Sequence for data collection

First contact: Hospital of great complexity. The person who gives the permission to do the work in the institution is contacted (*gatekeeper*) [15].

Second contact: Unit. Presentation of the investigation to service members. Informal contacts are initiated in the hospital center in order to obtain a representation of the population under study, with conversations and informal interviews.

Third contact: Hospitalization unit selected where the data is obtained.

3.6 Data collection

The data has been collected for thirteen months, through these information collection techniques:

- Participant observation consisting of analysis of documents, interviews with subjects and informants, participation in the field, direct observation and introspection [13]; registering systematically in a journal, together with the field notes.
- In-depth interviews are carried out, through two techniques:
 - Unstructured interviews with open questions.
 - Semi-structured interviews through a Guide of questions, extracted from previous observation sessions or interviews.

These interviews are, in turn, formal and informal, conducted individually or in groups [13]:

- In the formal ones, the participants are asked to sign the informed consent in order to be recorded and their consent after the transcription of the same.
- Informal interviews are carried out during the entire period of stay in the unit or center, to any participant who voluntarily chooses to talk with the researcher, having prior knowledge of the realization of the same and study information.

A total of 23 in-depth interviews were conducted with an average time of 0:43:42, and 69 field sessions with an average duration of 1:44:10.

3.7. Data Analysis

The data obtained from the participant observation, as well as from the in-depth interviews are analyzed with the Atlas-ti computer program. For this, all the texts extracted after the transcription of the interviews and the field notes, are examined line by line [10] or paragraph by paragraph [15], to achieve a reduction of data, dividing the information into units, which are coded, through codes and memos, creating categories, defined as a mental constructor to which the content of each unit can be compared, so that its membership can be determined or not to that category [16].

Subsequently, we proceed to the grouping of categories into metacategories or emerging thematic nuclei, which synthesize the information contained in several categories that have something in common [15].

An analysis process, which does not end until the final writing of the report [10]. For this reason, a matrix is carried out in this study, as a means of auxiliary analysis to present the results and conclusions, which has made it possible to visualize the variations through the negative cases, saturate the categories, and validate the relationships [17]; showing 2 of them developed in the results through the theoretical interpretations related to the units of analysis (quotations) [12], according to the methodological approach.

As a note, the *verbatim* are presented in italics, with some *in vivo* codes in bold; indicating its location at the end, between parenthesis, through acronyms and numbers, as explained through this example: (PO30H1, 326: 328)

- PO3: the document order.

- O: data collection technique, “0” participant observation and “E” formal interviews.
- H1: kind of hospitals; “1” big hospital and “2” small hospital.
- 326: 328: quotation session in the document.

In this way, process and product meet the criteria of credibility and rigor [18].

4. Results

In both scenarios the worker and the student learn what they see, becoming a habit *I took the habit, because I saw it* (P91 EH1, 326), to be normalized *I have seen normal because it is what I have seen since I entered* (P87 EH1, 178).

4.1. Deformation: a way to submit

On the stage of the big hospital, an unregulated teaching is offered, *what we were really taught was ... simply that, when it comes to you ... the treatment is this; this is what you have to do*, dependent on the professional, even in some personal way and not of the nurse practice, as the emotional aspect of the patient. *Usually always, I think it takes a little advantage the moment you walk in the morning to take the constants and questions, and how has the night gone?, the day before?, what is it like?, and there as patients are already taking confidence and tell you then: Today this is very bad... because I feel alone, because I have pain or because I am distressed.*

Then there you are already seeing, what is happening to them, how they feel. There are patients who are not so expressive, that maybe you do not know what happens to them and ... and one day suddenly they start crying and then try to go a little bit to see what happens to them, but well I think it is thing of each nurse, not everyone does it, and that you have one, that many are alone ... and they want to talk ..., that they listen to them-S2 intervenes - if they understand, then let's say they make it very easy for you to approach ... they feel or how they are ... (P91 EH1, 408), specifying that they learn everything.

Some transmit the best and others, even humiliating, use them for dirty jobs, *well, I think they influence how much they want, that is, the people who come to work with enthusiasm, with enthusiasm, who like what they do, in the background it is very noticeable ... they transmit it and it teaches you much better and ... well, there are also nurses who unfortunately ..., they pull us down ... jobs without more, a little ... dirty work* (P91 EH1, 023: 031), focusing on the task *in nursing we consider much more agile and more skillful, because I in the operating room coincided with medical students and we let us channel veins ... and the anesthetist immediately told you: anger, I'm going to intubate, I go to such, and they did not let them do anything but look* (P91 EH1, 795), and canceling the possibility of thinking, until they do not know the value of their experience and knowledge, *I do not know if... I told you interesting or not interesting things?* (P86 EH1, 725).

They show reluctant attitude to teach the novel *in general they want people who know the unit and know ... because they are a bit intolerant and reluctant to teach again and again* (P78 EH1, 068: 069) even if they do, they do not have to object to their practice.

In short, a learning in the variability, depends on the old ones if they do ..., but there are others that do not ... (P09 OH1, 015), which produces a rupture between the theory and practice, staying with what more it convinces them, *yes, we are left with what we like most, we agree with each nurse or nurse* (P91 EH1, 346) including malpractice, affecting patient

safety, as in this example: *You have not done the Bmtest at 320, 340 ... - the nurse tells the student, the numbers of the rooms correspond to the patients - they have stayed their work, well they will do it tonight* (P30 OH1, 015), This also increases the workload and expense.

4.2. Formation: a way to become

The significance of the small hospital, is a teaching grounded on Evidence-Based practice and personalized care, *the practice they perform is based on scientific evidence, once they hang it on the web, it is put into practice ... if we leave to the judgment of the nurse, because not all patients are the same, that she adopts a specific application at her discretion, in order to give personalized care to our patients ...* (P67 OH2, 276), with unified records and ways of doing *we do all the same* (P66 OH2, 146), which is summarized in the pending of the other (patient, family, partner, student ...), as can be seen in this fact:

B2 (auxiliary) asks T2 (nurse) for the patient: *How is Ronny?*

T2: *He hardly says anything, only nine heads to say well.*

B2: *I'm going to call the student because yesterday she laughed with her* (P66 OH2, 107: 109).

Clearly, it is taught from the welcome *then if someone comes new and adapts to this form, we welcome him* (P52 OH2, 132) to deal with love, *we do not have many resources. The only thing we give is caring to our patients ...* (P52 OH2, 152) Patience and co-responsibility in care *Look, you can start to drink some mineral water from that - on the table there is a bottle of mineral water - or from the tap, so that if it feels good, and let your family give it to you* (P56 OH2, 107), getting achievements *You only have to look at the place we occupy in the statistics published in the Health Madrid portal. The percentage of satisfaction of 98% ... it happens that maybe they operate on one leg and then repeat here with the other, or that their neighbor or friend has told them that we have treated them well and they come* (P52 OH2, 127), of those who feel proud *Thanks to them - referring to the nurses -, Ronny (patient) can go today home* (P67 OBH2, 190).

Thus, the protagonists of both scenarios agree that teaching and helping the new establishes lasting personal relationships, important to feel happy *I have been very happy here. I had problems and they helped me a lot, that's why I'm still here to take coffee ... Laura taught me* (P27 OH1, 086) and want to be in that service or hospital *with the people I like best and I hope to stay* (P81 EH1, 114).

5. Discussion

To understand the meaning of learning in public hospitals, the results show a learning through *seeing* and *listening*, a concordance between what is said and done, in which the existence of institutionalized behavioral models are inferred [19], [20].

Thus, from the business perspective, this finding refers to the type of organizational culture of these hospitals, which is, to that broad and current set of ideas and accumulated habits that they favor actions of different nature, explain the collective behavior of staff with clients and suppliers, influence internal and external communication, and help to understand situations and events, solve problems and make decisions (Perez-Carballo Viega, 2008, p. 48) [2].

From this point, the divergent results are discussed:

5.1. Deformation: a way to Submit

Aristotle (transl. 1982) from the metaphysics explains that all men by nature desire to know, then what there is to do in learning: to proceed for all in this way-through that which is less knowable by nature to that which is more knowable; and just as in conduct our task is to start from what is good for each and make what is without qualification good good for each, so it is our task to start from what is more knowable to oneself and make what is knowable by nature knowable to oneself [21].

Nevertheless, to arrive at inferring from the deformation results, an interpreted term, it is necessary to clarify the meaning: formation, also from the business perspective; understood as an integral process of the person, consisting of a set of activities that seek to prepare and train the employee to function in their environment and for the exercise of a profession, increasing their capacity through the improvement of their knowledge, skills and attitudes [22].

That said, the findings are argued that lead to alter this training concept, including a knowledge of the practice based on opinions as shown by the repeated expression *I think*, which reveals the way to train in the institution, and not in an *I know*, which indicates an acquisition of knowledge, skills and techniques based on training based on basic knowledge or skills as referred to in the bibliography [23], [24].

Hence, learning is inferred, not in knowledge, but in doing, focused on the task, which nullifies their ability to think and collaborate in the growth of the company.

According to the literature, a student or professional must acquire a training in basic knowledge or skills to become an updated, trained and responsible professional [23]; that is, a training in theory and practice [2] on techniques, skills and knowledge, which influences attitudes that must be shared by the organization with the goal of contributing to personal development and the continuous search for sustainable economic-business development [24].

An argument that is not evident in this scenario in which you learn in variability and consequently the *novel* stays with what most you *like* or *convinces* according to your criteria, with the consequent risk to the patient's safety, the professional and the own continuity of the company.

Summarizing, according to the results and from a business perspective, that the person is not considered as a value in itself, it undermines the success in the management process of the company (Perez Fernandez de Velasco, 2010, p 299) [24], besides that according to the metaphysical reasoning enunciated and following the philosophical thought of Foucault (2002) [26], relegate what is proper to human nature: knowing, is a way to submit and submit himself to whoever produces this reality.

5.2. Formation: A way to Become

Apparently, in this scenario, the learning model exposed by Aristotle is followed, satisfying the natural desire to know, from the personal abilities that each one possesses.

This is argued from the elements found that give meaning to learning.

Thus, in this hospital it is taught by uniting theory and practice; at the same time that the participation of the

knowledge of the other is allowed for the benefit of the patient, from the reception.

A way of doing that seen from the business aspect, leads to the success of a process management, and specifically knowledge, since it depends on personal factors such as: the commitment of individuals, which is evidenced using their knowledge and the company through your active participation [25].

A proven statement that, when put into practice, gives the satisfaction of the users.

In addition, on the personal level, according to the anthropological philosophy of Wojtyla (2014) [27], participation unites people and brings us closer to ourselves, while in this act together with others, the person is performing himself (p. 388).

In this sense, Maslow (1991) [28], from psychology, indicates that self-realized people in their interpersonal relationships have an affinity and identification with humanity, treating with caring, sympathy and desire to help human beings.

Both approaches orientate towards the meaning of duty to another in action, which is revealed in this environment through training with and from the other, in which the benefit is achieved for all and the professional can become what that really is by its nature.

6. Conclusion

This study is immersed in the experience of learning, teaching and training in public hospitals of different levels of care, which highlights substantial differences related to the size of the center in terms of how and how the student and professional is trained.

In the same time that the meaning of value which these health organizations transmit to their workers through training is inferred, one orienting the task and the other to the person, whether patient, professional or student and therefore seeking the common benefit.

Recommendations

Students and novice professionals should receive from their trainers a practice based on evidence and personalized care to be able to perform in their profession and become happy.

Politicians and managers should consider how to train employees and students, if their goal is to lower public spending, the sustainability of these institutions and attract them.

Limitation of the Study

This study is limited for the proper investigated theme.

Competing Interests

The authors declare that they have no competing interests.

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