

The Managerial Role Of The Nurse: Key To Reducing Unfair Inequalities In Health Care

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Abstract

Objective: To explore the experiences of nursing professionals in their managerial role in reducing unfair health inequalities in Colombia—avoidable and unjust disparities influenced by social, economic, and environmental factors. **Methodology:** A qualitative, phenomenological approach was used, guided by COREQ. Seventeen nursing professionals were selected through purposive sampling and interviewed in depth. **Results:** Four categories emerged: appropriation of the role to support comprehensive user and family care; leadership and role management; decision-making within health services; strategies to address care-related challenges and administrative limitations in diverse settings. **Conclusions:** Nursing professionals, through their managerial role, contribute to reducing health inequities by promoting differential approaches, educational and training processes, democratic engagement in public policies, and interdisciplinary collaboration.

Key words: Management role, Nursing, inequalities and health care.

Introduction

In most countries around the world, conditions of inequality in the field of health are evident. This is a problem regardless of the economic development and political regime of each government. Inequity prevails in differential access to care services and in the distribution of health resources, fostering a monopoly over the issue of “inequalities from the social component, such as stress, poverty, misery, social exclusion, and marginalization”—directly linked to economic and social inequalities, circumstances that healthcare professionals must face, among them, nursing professionals. (Almeida-Filho, 2020).

In the context of care in the contemporary era, the managerial role of the nurse has become fundamental in guaranteeing efficiency, quality, and safety in the provision of services. The increasing complexity of health systems, technological advances, the globalization of services, as well as the changing demands of users and families, require a solid management approach focused on the subject of care (Del Carmen de Arco-Canoles & Suarez-Calle, 2018). Furthermore, its purpose is to optimize resources, improve the health and quality of life of the subject of care, having as one of its impacts the reduction of unfair health inequalities; recognizing the importance of addressing disparities that affect the most vulnerable and

disadvantaged populations (Martínez et al., 2020).

To delve deeper into the topic, it is important to define the term “unfair health inequalities.” According to De Arco-Canoles & Suarez-Calle (2018), unfair health inequalities are “differences in health between groups of people that are considered unjust or avoidable from a moral, ethical, or social perspective.” They also state that these inequalities arise as a concern through the interaction of development between political, economic, and social dimensions, which operate in different circles but whose integration is essential for individuals’ participation in society and for social inclusion.

The World Health Organization (WHO) defines health inequalities “as the absence of unfair, unnecessary, and avoidable differences (or inequalities) in the health status of individuals who present different socioeconomic, demographic, or geographic characteristics.” These are grouped into different factors that determine health inequalities, structured in two spheres: the first, “structural determinants,” and the second, “intermediate determinants or intermediary factors of health,” defining how these factors manifest and interact in society, and how their interaction results in the impact of health inequalities on the population’s well-being (Pan American Health Organization, 2016).

Therefore, public health establishes as a central principle to serve as a transformative axis to achieve the Sustainable Development Goals (SDGs), executing concrete and viable actions that guarantee equity and the right to health for all people. This is based on the strengthening of public policies and the preparation of human talent in health teams, where the nursing professional is involved in developing a multidisciplinary science aimed at human care, which implies a close relationship with health promotion and disease prevention. Thus, being the closest point of contact with the subject of care, their commitment is greater, and they become a crucial component in contributing to the reduction of unfair health inequalities (International Council of Nurses, 2019).

In addition, the International Council of Nurses (ICN) calls on nurses to advocate for “access to healthcare and other social and economic services on the grounds of equity and social justice in relation to resource allocation,” and highlights their commitment to universal health coverage (UHC) and their awareness of health care trends, “added to the daily practice of nursing work” as part of the various public policies within global health systems (Castrillón & Agudelo, 2020).

The nursing professional plays a fundamental role in health care by contributing through their managerial role to equity and the reduction of inequalities, having a direct impact on users’ well-being and quality of life, and implementing more effective actions to promote health. By minimizing risk factors that affect health and avoiding unnecessary interventions that increase pathological and psychosocial complications as well as hospital costs, it is essential for this professional to focus on these principles to ensure that health care actions are safe and effective (Andrade et al., 2023).

It is also evident that there is a lack of knowledge about the execution of the nursing professional’s role by the healthcare team and the general population. Therefore, it is necessary for nurses to advance in research and provide evidence of their work. Given this context, this research started from the following question: What is the managerial role of the nursing professional that contributes to reducing unfair health inequalities in care?

Methodology

A qualitative study was conducted using a phenomenological approach. The study was developed within Heidegger’s interpretive paradigm, which seeks to “precisely reveal that which does not immediately and regularly show itself... that which is hidden, concealed, buried, or distorted” (Ceballos et al., 2018). It was based on the experiences and observations of a phenomenon—in this case, 17 nursing professionals performing their daily roles in managerial and coordination contexts—from the perspective of how their

work contributes to the reduction of unfair health inequalities. The study explored the influence of nurses in mitigating health inequality and its meaning. To ensure scientific rigor, the Consolidated Criteria for Reporting Qualitative Research (COREQ) was used, which cover three areas: research team and reflexivity, study design and analysis, and findings (Fragoso et al., 2023). This checklist was used to document important aspects of the researchers, methods, study context, findings, analysis, and interpretations.

Participant Selection

The participant selection process used purposive theoretical sampling across the five regions of Colombia. The inclusion criteria were as follows: areas of performance in managerial coordination or leadership of programs or processes, with a minimum of two years of experience in the position. The research was conducted between March and October 2023.

Techniques for data collection

The data were collected through in-depth interviews, which were carried out both in person and virtually. All the interviews were recorded in audio format, and in the case of online interviews, they were recorded in video format through the Google Meet platform. During the interview process, relevant field notes were taken—identification of the participants, date, and time of the interview. Non-verbal signals in response to the guiding questions were also recorded, such as signs of astonishment, body movements, and pauses used while they continued with their accounts. Ample space was provided for participants to share their experiences about their role and their contributions to the reduction of health inequalities. The interviews were not subject to time restrictions, guided by the commitment of the participants in narrating their life stories and experiences. The duration of the interviews ranged between 37 and 48 minutes. As an instrument, an interview was created with guiding questions on the topic; these were taken as a basis from the relevant bibliography and evaluated by three experts in the field of public health.

The data collection was concluded when information saturation was reached. These were recorded after obtaining the consent of the participants. Subsequently, literal transcriptions of the recordings were carried out using the Word® word processor. A continuous audit of the quality of the records was maintained throughout the fieldwork; after this, they were sent to the participants for their corroboration and approval, establishing a code from EV01 to EV17. It was maintained during data processing and information analysis, following the COREQ checklist guidelines and confidentiality guidelines.

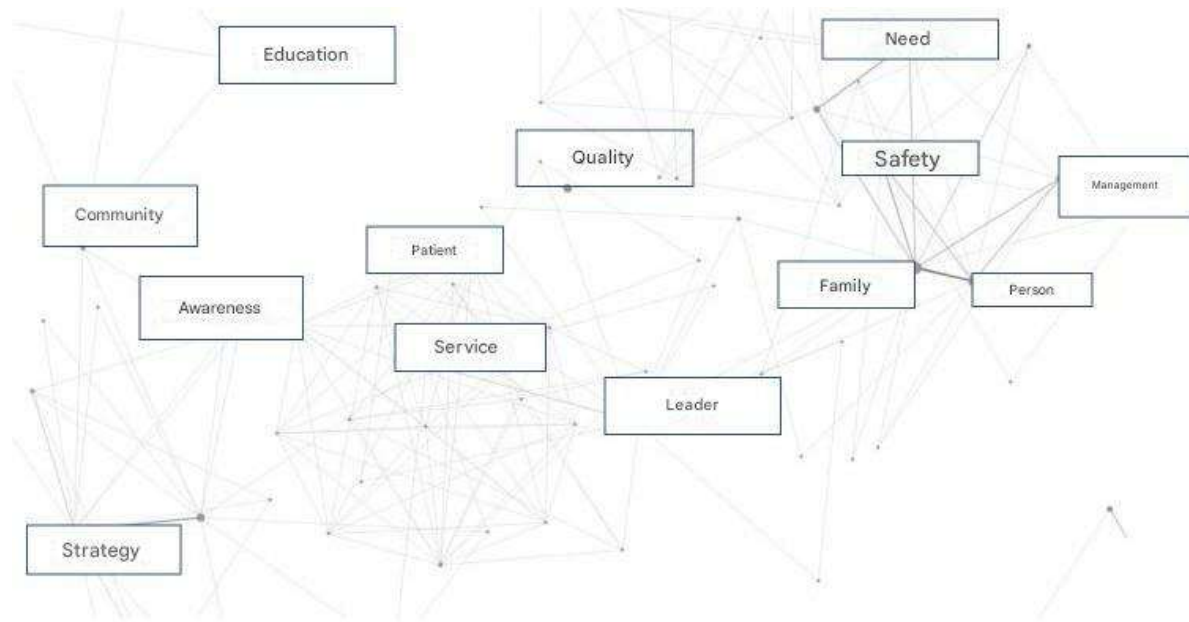
The research team was composed of a nurse with a Master's degree in Public Health and Social Development from the Fundación Universitaria del Área Andina, a psychologist with a Master's degree in Pedagogy and Human Development from the Universidad Católica de Pereira, and a nurse with training at the Master's level in Public Health and a PhD in Anthropology from the Universidad del Valle. In addition to their roles as researchers, they also serve as professors at these institutions and have extensive experience in conducting qualitative research.

Analysis of the information

In its initial stages, the researchers carried out the analysis of the interview transcriptions individually with the purpose of obtaining the general sense of the experience. Subsequently, they conducted a second reading to identify the units of meaning. Next, a qualitative data analysis process was implemented in five phases: accumulation, disassembly, reassembly, interpretation, and conclusion. During the accumulation phase, the 17 transcribed interviews were organized and their completeness verified, which were based on the original recordings. In the interpretation process, the assembled material was used to build a new story by extracting various themes from the interviews. In this process, relationships between the units of meaning were revealed and grouped into the following categories: Role appropriation, leadership and role management, strategies, limitations of the managerial role; the above categories allowed the objective of this research to be fulfilled.

Word cloud: self-constructed from the research results, 2024.

As for Figure 2, it presents the cultivated analysis of associations in the managerial role of the nursing professional to reduce inequalities. The categories associated are: management, identification of needs, service quality, safety, strategies, family, and community.



Associations: self-constructed from the research results, 2024.

Below are the textual accounts from the study population according to the established category, identifying the participants with the codes EV01 to EV17. Regarding the Role Appropriation category, the participants state that the development and understanding of the managerial role is important in order to promote comprehensive care for the user and family, thus reducing unfair health inequalities.

- EV01 “Solutions or management beyond daily care and being aware of the sociopolitical role.”
- EV04 “Good information in each of the processes of their treatment.”
- EV06 “We support the formulation and strengthening of policies based on social determinants.”
- EV13 “I am part of the articulation of different policies; I participate both from academia and from nursing associations.”
- EV14 “Always being very ethical and professional in my role.”
- EV17 “Working with policies of humanization, mental health—nursing is fundamental.”

In the category of Leadership and Role Management, the experiences narrated reflect that these are fundamental characteristics for the practice of the managerial role in any of its areas where care is provided. These allow for decision-making aimed at maintaining users’ health, from coordination, direction, and

administration of health services.

EV06 “Leadership as health educators for the awareness and recognition of that need in those families.”

EV09” “I verify and audit safe care with human quality under all patient safety concepts in the 47 municipalities.”

EV01 "Leaders and empowered figures to make decisions, that is very important.”

EV13 “Fulfilling a number of functions and executing the rehabilitation treatment process in a comprehensive way.”

On the other hand, in the Strategies category, it is defined as a tool that allows solving or contributing from their managerial role to reduce unfair health inequalities because it enables them to address situations associated with care.

”To look for solutions for users, to help the user with what is within my responsibility.”

EV01

EV16 “I develop micro and macro projects to resolve community needs.”

EV09 “Education and conducting a needs diagnosis guided by the differential approach.”

EV07 “Empowerment strategies for the nursing role from a scientific and research perspective.”

EV04 “We socialize, we give feedback to external and internal users to improve interdisciplinary work processes.”

EV09 “Having a good work team.”

Regarding the Limitations of the managerial role that contributes to the reduction of health inequalities, administrative barriers that occur in various work areas were considered.

EV11 “The management of resources and their distribution in implementing programs for vulnerable populations.”

EV03 “Job instability in the health sector interferes with processes.”

EV05 “The lack of continuing education for health personnel to provide humanized and equitable care.”

EV15 “Lack of awareness for humanized work.”

Discussion

The managerial role of the nursing professional, based on leading humanized care and autonomy, currently faces complex and globalized health systems. In this context, the social responsibility of the nurse goes beyond the individual scope and interdisciplinary management, being essential to guarantee the well-being and the right to health of all users and their families. In this way, there is a direct contribution to the reduction of unfair health inequalities. To highlight these actions, this research focuses on the experiences and life stories of professional nurses, describing the following aspects: appropriation of the role, leadership and management, as well as strategies and limitations of the role itself, in the different settings of public and private institutions in the country where the nurses graduated from the Nursing program at the Fundación Universitaria del Área Andina, Pereira campus, work.

In the appropriation of the managerial role, the study population recognizes the importance of developing competencies: “that include the exercise of the sociopolitical role, active participation in the formulation of public policies from the approach of social determinants of health, as well as the importance of linkage with nursing associations.” In this regard, the study by Campanera et al. (2021) highlights the relevance of analyzing these determinants within the managerial role of nursing, in addition to designing tools and strategies for both hospital and community interventions. This allows the articulation of actions with other actors and social sectors responsible for health, thus facilitating the integration of interventions related to education, health promotion, and comprehensive care. This approach also promotes a closer relationship with family environments, fostering coordinated work between different administrative entities and social organizations.

Likewise, Borrell et al. (2020) argue the importance of fostering, from the managerial role of nursing, a political commitment aimed at reducing health inequalities. This includes the adoption of fiscal and social spending policies that favor a comprehensive and holistic approach to social determinants, ensuring strategic planning based on equity. In this framework, the need to evaluate the impact of policies on health and to strengthen citizen participation is highlighted. In addition, a management of care centered on access, quality, and effectiveness of health services is proposed, promoting the creation of epidemiological surveillance networks and systems for monitoring health indicators.

On the other hand, regarding leadership and role management, the participants define: “the importance of leading educational processes, identifying needs, empowerment, decision-making, and safe and quality care.” Silva et al. (2021) states, within their insights, that the nursing professional from their managerial role is the protagonist in the promotion and adaptation of care for life according to the identified needs in the target population. They must assume an active role in the search for health solutions in different contexts of vulnerability, promoting democratic participation and the design of transformative practices that guarantee comprehensive, universal, and equitable care for the entire population.

Regarding strategies, the study participants describe the use of the following: “constant search for solutions to guarantee care, promoting projects based on community needs and carrying out timely diagnosis, strengthening interdisciplinary work, promoting education, care with a differential approach, and establishing processes from research.” These same tactics are recognized in the writing of Alvarez et al. (2018): the managerial role of nursing promotes the design of health programs and community interventions, favoring social participation and equity, thus managing to respond to users’ care demands. Likewise, this health professional identifies, in a timely, effective, and pertinent manner, the areas for improvement in public health interventions, thereby allowing the reduction of social inequalities, also strengthening the effectiveness of institutional action and the incorporation of public policies in different areas.

Additionally, the differential approach in nursing care allows for personalized attention, recognizing that each patient has unique characteristics, needs, and contexts. This perspective promotes the progressive

achievement of positive health outcomes, improves treatment effectiveness, and contributes to a more comprehensive recovery of the patient. Likewise, it strengthens the nurse–patient relationship by fostering trust, communication, and mutual collaboration. This type of care, centered on the person and supported by principles of equity and respect for diversity, is key to advancing toward more inclusive and fair health systems (Lino et al., 2023).

Similarly, in a study by Badanta-Romero et al. (2021), an integral approach from different disciplines is described. This helps the nursing professional to articulate the necessary actions to carry out individual and collective care plans according to the identified community problems, using standardized language that takes into account the particularities of vulnerable groups, promoting their managerial vision based on intersectoral cooperation, thus facilitating a holistic view of the individual and of care planning that ensures equal rights and improves quality of care.

It is also fundamental to strengthen the training and ongoing education processes of nursing staff, facilitating their permanent updating in scientific and technological advances and clinical best practices within the discipline. This guarantees the provision of safe, humanized, and high-quality care, supported by scientific evidence and guided by high professional standards. In relation to the above, it is also vitally important that, from the managerial role in nursing, research related to health promotion and education is promoted, which constitutes a strategic field of action to improve living conditions, reducing risk and vulnerability factors, together with participation in the restructuring of public health policies from a holistic care perspective. (Mondragón-Sánchez et al., 2023)

Regarding the limitations of the exercise of the managerial role, the participants in this research consider the most important to be: “the lack of management of economic resources, job instability of nursing professionals, limited ongoing training on the topic, and lack of awareness for humanized and equitable work.” Derived from the process of interdisciplinary updating, it is also possible that from nursing management, shortcomings and limits in the professional training of work teams can be identified, which may be reflected at times in the theoretical-practical inability to approach differential populations that have been marked by health inequalities.

Likewise, the nurse, from their managerial role, must promote actions of permanent training and updating, such as participation in academic events, participation in educational practices and internships, seeking the acquisition of competencies and skills for the development of new strategies that minimize health inequality and broaden a more integrative vision of nursing, reflected in the adaptation of public policies that impact and mitigate inequalities and deficiencies in the care of historically underserved social groups. (Guerrero & Cristina, 2023)

On the other hand, it is evident that there are currently factors that limit the role of the nursing professional, such as the lack of financial resources, work overload, and the restrictions professionals face in accessing continuing education, as well as some institutional policies that are restrictive in nature. The managerial role is also permeated by the lack of recognition and appreciation of the profession, shortcomings in communication and interprofessional collaboration—barriers that represent an obstacle that can hinder effective performance and quality of care provided, which indicates the enormous need to identify and address these limitations in a timely manner by establishing favorable work environments, thus allowing the nurse to optimally fulfill their professional role (Samper et al., 2023).

That is to say, the nursing professional, from their managerial vision, is committed to the defense of social justice and the fight against inequalities in the provision of comprehensive health services. For this reason, it is vitally important to evaluate the impact of public policies on prevention and health promotion, in addition to the identification, intervention, and progressive reduction of psychosocial risks, fulfillment of improvement plans, and ongoing updating of health indicators, managing to strengthen unified networks

and information systems, in which, in addition to intra-institutional interventions, community ones are also promoted. (Campos et al., 2021 and Pastuña & Jara, 2020)

At the same time, it is important to strengthen interdisciplinary dialogue from nursing, constant interaction with other areas of health knowledge, study groups, and case analysis, to strengthen the exchange of experiences and knowledge related to comprehensive risk management in health, family and community health approach, vulnerable populations, and differential care, in addition to the evaluation of inequalities from a gender perspective, socioeconomic indicators, environmental factors, by life cycle approach and health-disease determinants, thus allowing a global vision of nursing management and therefore of the holistic approach to the subject of care. (Mosquera et al., 2020 and González-Rábago et al., 2019)

In the same way, interdisciplinary interaction, the coordinated work from nursing management allows an association between the clinical and academic fields, identifying the limits in the professional training of the nurse in comprehensive care for differential populations and for the establishment of effective strategies to progressively minimize health inequality. This interdisciplinary cooperation also allows the joint construction of new strategies to achieve care equity, attention to vulnerable groups that have historically been underserved, and the development of new public policies in terms of prevention and health promotion. (Rabelo et al., 2023 and Sánchez-Recio et al., 2021)

Finally, nursing professionals, from their managerial role, as already mentioned, positively influence public health policies. They have the capacity to manage resources and plan services, leading initiatives for the promotion of equity, through strategic planning, positively impacting health profiles, reducing gaps in care, and inequalities in healthcare and the provision of health services. (Royo, 2024)

Conclusions

The managerial role of the nursing professional, inherent to their discipline, is fundamental for the reduction of unfair inequalities in health care. Through the exercise of leadership and autonomy, the professional can respond effectively to the needs of users, guaranteeing their right to health and the well-being of populations. The importance of continuing to work on empowerment and the development of managerial competencies cannot be overlooked, through awareness processes and continuous education, which allow facing with greater strength the challenges and difficulties presented by current health systems.

Other aspects that must be considered are the recognition of the social determinants of health, the evaluation of health programs and community intervention, democratic participation in public policies that favor holistic care, the promotion of quality, access, and timeliness of health services, the evaluation of the impact of care actions, interdisciplinary dialogue, in addition to managerial processes that facilitate the association between the clinical and academic fields, and professional updating.

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