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ORIGINAL ARTICLE

DIFFICULTIES AND FACILITIES OF NURSING MANAGEMENT IN A HOSPITAL THROUGH NURSES' PERSPECTIVE

DIFICULDADES E FACILIDADES NO GERENCIAMENTO DE ENFERMAGEM NO HOSPITAL NA PERSPECTIVA DO ENFERMEIRO

DIFICULTADES Y FACILIDADES EN LA GESTIÓN DE ENFERMERÍA EN UN HOSPITAL A TRAVÉS DE LA PERSPECTIVA DE LAS ENFERMERAS

Rogério Silva Lima¹, Eliza Maria Rezende Dázio², Sara Rodrigues Rosado³, Eliana Bernardes Lourenço⁴

ABSTRACT

Objective: analyzing the advantages and difficulties of nurses in relation to management in the hospital setting. **Method:** an exploratory and descriptive study with qualitative approach. As theoretical reference it was made the use of the Theory of Social Representations. For analysis and organization of data there was used Discourse Analysis from the perspective of social psychology. Ten nurses were interviewed using semi-structured interviews. The study design was approved by the Research Ethics Committee, Protocol No. 207/2011. **Results:** there was observed as difficulties the interveners perceived as an obstacle to the development of management, designed from the technical rationality of the work, as the lack of material and human resources, the lack of organization of the work process and the dismantling of the relationships of the team. The facilities found stood in counterpoint to that idea. **Conclusion:** it considers the need for studies that seek to understand how the difficulties have been dealt with the managerial role of the nurse in training spaces. **Descriptors:** Research in Nursing Administration; Management; Nursing.

RESUMO

Objetivo: analisar as facilidades e dificuldades dos enfermeiros em relação ao gerenciamento no contexto hospitalar. **Método:** estudo exploratório e descritivo, com abordagem qualitativa. Como referencial teórico fez-se uso da Teoria das Representações Sociais. Para análise e organização dos dados utilizou-se a Análise do Discurso, sob a ótica da psicologia social. Foram entrevistados dez enfermeiros por meio de entrevista semiestruturada. O estudo recebeu parecer favorável do Comitê de Ética em Pesquisa, Protocolo nº 207/2011. **Resultados:** observaram-se como dificuldades os intervenientes percebidos como entrave para o desenvolvimento da gerência, concebida a partir da racionalidade técnica do trabalho, como a ausência de recursos materiais e humanos, a falta de organização do processo de trabalho e a desarticulação nas relações da equipe. As facilidades encontradas se situaram no contraponto dessa ideia. **Conclusão:** considera-se a necessidade de estudos que busquem compreender como têm sido tratadas as dificuldades do papel gerencial do enfermeiro nos espaços de formação. **Descritores:** Pesquisa em Administração em Enfermagem; Gerência; Enfermagem.

RESUMEN

Objetivo: analizar las facilidades y dificultades de los enfermeros en relación a la gestión en el contexto hospitalario. **Método:** estudio exploratorio y descriptivo, con enfoque cualitativo. Como referencia teórica se hizo uso de la Teoría de las Representaciones Sociales. Para análisis y organización de los datos se utilizó el Análisis de Discurso, sobre la óptica de la psicología social. Fueron entrevistados diez enfermeros por medio de entrevista semi-estructurada. El estudio fue aprobado por el Comité de Ética en Investigación, Protocolo nº 207/2011. **Resultados:** se observaron como dificultades los intervinientes percibidos como traba para el desarrollo de la gerencia, concebida a partir de la racionalidad técnica del trabajo, como la ausencia de recursos materiales y humanos, la falta de organización del proceso de trabajo y la desarticulación en las relaciones del equipo. Las facilidades encontradas se situaron en el contrapunto de esa idea. **Conclusión:** se considera la necesidad de estudios que busquen comprender como han sido tratadas las dificultades del papel gerencial del enfermero en los espacios de formación. **Palabras clave:** Investigación en Administración en Enfermería; Gerencia; Enfermería.

¹Nurse, Master Teacher of Nursing, Graduate Course of Nursing, Federal University of Alfenas/Unifal-MG. Alfenas (MG), Brazil. Email: rogerio.lima@unifal-mg.edu.br; ²Psychologist and Educator, Retired Professor, Doctorate in Education, Graduate Course/Postgraduate Diploma in Nursing, Federal University of Alfenas/Unifal-MG. Alfenas (MG), Brazil. Email: elianalourencobernardes@gmail.com; ³Nurse, Professor of Nursing, Graduate Course/Postgraduate Diploma in Nursing, Federal University of Alfenas/Unifal-MG. Alfenas (MG), Brazil. Email: eliza.dazio@unifal-mg.edu.br; ⁴Nurse responsible for the Municipal Center for Attention to Persons with Disabilities, Egress Master, Postgraduate Program in Nursing, Federal University of Alfenas/Unifal-MG. Alfenas (MG), Brazil. Email: sara.rrosado@hotmail.com

INTRODUCTION

Nursing management is a practice that has developed concurrently with progress of the area as a science, profession and work.¹In the midst of the process of institutionalization of the profession, the role of the nurse as manager was establishing itself in order to taking different contours against the historical and social context and the varied environments of work microspaces.²

Nursing management can be taken as a specific work process, endowed object, goal, purpose, and instruments and own. As the object of this process, there is the organization of work and human resources in nursing. From the handling of tools, resources and administrative knowledge is sought to obtain and maintain suitable conditions to provide quality care through a nursing team also qualified,³ however, has been shown in health organizations, particularly hospital, the nurse has had difficulty in developing its management activities, particularly with regard to the articulation of the process of managerial with assistance work.^{2,4} This dichotomy favors the detachment of nurses toward the care provided directly to patients, calls into question its role in healthcare organizations and, consequently, have aroused questions about its social relevance.

This issue presents its bases anchored in the technical and social division of nursing, whose impact is inscribed in the areas of labor, academic and consolidation of the profession.⁵⁻⁶ Allied to this context, Brazil has characteristics that are inherent in its geographic and demographic areas, to social and economic differences that mark hospital organizations and delineate a complex space, quantitative and qualitatively heterogeneous, inscribed in a Health System that have suffered from the disfavor of underfunding.⁷⁻⁸

Mismatch in this process, the hospital environment is predominantly driven by the logic of the market and the clinical model. This panorama subject of nursing work to economic and financial conditions and hampers resistance and breaches within the health services, particularly hospital.⁹Thus, it has been required of the nurse a position that allows this controversial transit between, subjugated conditions economic instability and employment, serving as the articulator between the healthcare team and patients and their families with a view to the achievement of organizational goals.^{2,9}

Before the draft presented, it is believed that the training of nurses, with regard to managerial skills, presents itself as a

challenge. It is emphasized that the National Curriculum Guidelines state that the profile of the generalist nurse should include aspects of management, leadership and teamwork.¹⁰

Thus, more studies dedicated to understanding the strengths and difficulties encountered by nurses in management in the hospital setting are needed. The analysis of these actors, from the viewpoint of nurses may be able to promote understanding of the conditions of possibility of the managerial role of the nurse. From this place, one can establish critical reflections on the training guidelines in relation to the demands of the labor market and its determinants in professional practice.

OBJECTIVE

- Analyzing the facilities and difficulties of nurses in relation to management in hospital setting.

METHOD

Article drawn from the dissertation << Management in nursing in the hospital context: the discourse of nurses and its team >> presented to the Postgraduate Program in Nursing, Federal University of Alfenas/UNIFAL-MG. Alfenas-MG, Brazil, 2013.

It is a qualitative, exploratory and descriptive approach, cross-sectional, whose empirical universe had as a general scenario and philanthropic hospital in the south of Minas Gerais. This institution provides inpatient services in clinical and surgical specialties, has an intensive care unit, operating room and emergency care. In these spaces, nurses perform management-related nursing care and direct supervision of technical staff and nursing assistants' activities.

It sought as a theoretical framework the Social Representations Theory (SRT).¹¹ The starting point is the assumption that knowledge of a specific group, and feeds that shapes the behavior of the group, in case the nurses of the hospital in question is built interchangeably between the individual and social levels, and therefore does not favor only the intra-psychic process of access to real, neither conceives reality as a construct of social nature only. Thus, it is believed that this theory is able to allow an approach to the world of meanings of actions. Thus, the emphasis lies in the nature of knowledge, seeking to overcome the divide between science and common sense.¹²

It understands that social representation is a way of seeing reality able to direct the

action of the individual, remodel and reconstitute the elements of the environment in which the expression of behavior occurs.¹¹

As its internal dimensions social representations have the information, the attitude and the field representation.¹¹In this research, it appears that access to facilities or difficulties that nurses report regarding their managerial practice may favor the approach towards attitude of the group as a condition for development and sharing meanings embodied in language.

There were interviewed ten (10) nurse managers at the inpatient unit of the Department of Nursing, composed of thirteen (13) members. There were elected the following inclusion criteria: being a nurse manager of the inpatient unit and agree to participate in the study by signing the Informed Consent Form (ICF). On the occasion of the announcement of the survey, a nurse was on vacation; one refused to participate in the study and one was interviewed for performing the pretest of the interview, and therefore not included in the study.

Data collection was conducted through semi-structured interview, from December 2011 to January 2012. The interview was about what were, in the view of the participant, the facilities and the difficulties in the exercise of management. For treatment and analysis of data it was used Discourse Analysis, under the perspective of social psychology, through the Association of Ideas Map (MAI). The analysis in this approach is concerned less with the contents of the depositions, but with the context, and set out the conditions of production of the senses that give meaning to the world.¹²

The work of interpretation involved the following steps: transcription of the interview, brief reading of the transcribed associated with listening to the recorded material, return to the research objectives and the mapping of the discourses through significant issues identified. In this mapping the interviews were arranged in columns, maintained the sequence of statements. A vertical reading of the maps provided an understanding of hegemonic discourses while that horizontal reading contributed to the visualization aspects of the contradictions.

The ethical aspects were observed, the research approved by the Ethics and Research of the Federal University of Alfenas - MG, under number 207/2011. To preserve privacy and anonymity, participants were identified by the letter E followed by the Arabic numeral.

RESULTS AND DISCUSSION

From the process of data interpretation was possible to organize the discourse of nurses on a thematic line that held two sub-axes discoursed about the facilities and difficulties in relation to their management practice. Speaking of nurses is organized around the presence or absence of material and human resources, the lack of organization of the work process in the management of these resources and the disarticulation in relations team. However, it was observed that the discourse is based on a hegemonic representation of management that focuses on the technical dimension, turns the instrumental rationality of work and positions in a second plan the actions of direct care.

The presence or absence of resources to enabling management arises as a duality from which nurses understand that afford is the only tool to align its management practice and "don'ts" in the context redound inability to make a professional different.

[...]Because we stay very pending other diagnostic resources and we don't have access so fast that, for example, doesn't have the capacity to quickly resolve resolution, admission, the complementary examinations [...] The own tardiness in allocation of resources, when we most advanced equipment requests. [...]I think this makes a lot, we ask, ask, and ask, feature requests (E1).

[...]but then as well due to human resources, resource materials, sometimes even physical resources, structure at the moment [...], for example, if I want to apply anything but sometimes due to physical resource, material, of equipment [...]that at the time would not have been possible (E6).

The persistent "I have not" falls almost always in the "I cannot". However, one realizes that the difficulties are objectified by respondents as an exogenous perspective in which participants are devoid of will. Thus, one can infer that the professional assumes the representational core positioning that situated as co-responsible for the *status quo* of its practice.

When the meaning of management that guides the behavior of nurses in the inpatient unit is predominantly focused on the institutional needs is expected that all that come between that goal is perceived as difficult.

It is not intended here disregarding the importance of physical, human and material resources, especially when one recognizes that they are essential in the provision of

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nursing care quality. It is recognized that nurses must be able to properly manage these resources and arrange them so that they can serve the purpose for which they propose.² However, what needs to be taken as the object for reflection is the fact of such resources, or the objectification of absence described as a difficulty, take a central role in the representation of management reported by nurses.

In a survey conducted in Sweden about the opinions of nurses regarding their role in the hospital organization, the results indicated that participants have difficulty identifying the essence of its function in the labor process.¹³ On the national scene a difficulty has been observed conceptual actions related to care management linked to the difficulty of understanding by nurses that their work process involves actions of direct and indirect care.¹⁴

Supports, therefore, the idea that the process of signification managerial action and its implications in the role of the nurse in the hospital organization are not solely dependent on how willing are physical human and material resources, but sit in the social, cultural constructs and Historic which are able to maintain and reproduce the *modus operandi*, from which they organize and reproduce behavior. In this figurative scheme, even if the professional had access to greater resources, might not be able to take a sense to allow the redefinition of their managerial action and its role.

It is noteworthy that the lack of clarity about their role, whose origin goes back to the beginnings of Modern Nursing, comes before the lack of institutional resources from a historical line, accompanying a greater or lesser degree of development of a country.⁵

Apart from difficulties in access to resources, coexist in the perception of nurses difficulties derived from the inadequacies of the work processes that contribute to disorganization of the entire dynamics of the unit. The not occupied by other professionals, of the nursing team or multidisciplinary team spaces showed as difficulties positioning the nurse in a discomfort zone.

About doctor is a great difficulty in managing the unit. Why don't we find, for example when a pregnant woman for me out sometimes, many times I don't think doctor [...] I think this makes my management because it turns out I am so helpless I don't know how to take that decision and I get that way my God what am I supposed to do now understand? (E2).

Difficulties and facilities of nursing management...

[...] in case you don't have a medical clinic there person on duty to answer the medical clinic, you have the doctor's doctor distance patient and sometimes the doctor on duty in the ICU wants you to call the patient's doctor, but at the same time you can't do medication over the phone [...] (E10).

[...] What happens a lot will see the reception left the whole family up, the whole family is here and the patient is agitated, feeling sick, and the whole family in here. So my support sector, receiving at that time didn't do their function, then comes up here I have to do their job (E7).

[...] We find many difficulties [...] we need the support service, not always the support service works, it works in accordance [...] the customer service is very important, bookkeeping, is even nutrition service (E10).

It is known that health work is by nature a collective work and each agent has its responsibility for a portion of the work that takes place under the hegemony of medical work;³ however, it calls attention to configuration "without the other I cannot" materialized in discourse, from which nurses ascribe meaning to his managerial action thus perceives the role of a culture of submission as a condition for development and sharing of meanings by social actors.⁹

It is understood the nurse as an element that has the best conditions to visualize the dynamics of the labor process, because of the position it takes on the team and the very characteristic of his work object. Relapsed over him all the responsibilities for management and assistance, setting the exercise of a paper whose margins are not well defined.¹⁵ From this place, the trader can access the disconnections of the practices of the various elements that impact on patient care. Given the various inadequacies and front organizational needs that stands in their daily lives, the nurse is compelled to develop other activities that are not geared to the purpose of their work so that, in one way or another, give up the diagnostic process and treatment. This working model, which favors the detachment of care, is reported as a difficulty.

[...] because as we don't have a part that is in, a nurse and an administrative nurse assistant in care. Sometimes a nurse who is a sector is in all sectors. A nurse, for example the night is a nurse for all sectors, now are two [...] Then there's no way to manage care, has as managing units [...] (E4).

[...] have obstacles that we have to go over [...] so as I told you, have medical staff obstacles, obstacles in relation to examinations, ICU at our institution doesn't

have, then [...] is [...]I have to chase after, I have to call somewhere else, I have to run behind an ambulance, an ICU [...] then this will all fragmenting a little service from us [...] we can't make progress for things to flow naturally, no, we have to be resolving bureaucratic issues, issues that sometimes even our problem like things that aren't in our bones, we should be solving in order to solve the problem of the patient who is sometimes perform an exam, sometimes death, family issue, I have to keep waiting for the doctor to make the statement, to be able to call family (E8).

To enable the achievement of organizational goals, the nurse occupies other spaces that are not specific to their professional practice, and occupying such spaces, "their space" remains unoccupied.

It is noteworthy that when the nurse strives to solve all the problems surrounding the inpatient unit its role in the working group is diluted and its relations with other professions and nursing staff can generate conflicts declared or silenced. These conflicts can be attributed to the hierarchy of labor relations and operationalized knowledge in this process.^{1,16}

The conflict is especially apparent in the relationships of nurses with nursing staff, the barriers in shaping the labor process as teamwork. Possibly it occurs for this team is the one that most recent space vacated by the nurse. You need to take into account the maximum common sense that all unoccupied space becomes occupied. This worrying can be seen in the excerpt from the speech below:

[...]nursing technicians often are not used with the nurse who manages within the unit [...] So many times I think they become care managers there also, they end up passing a little in front of the people many times. [...] they end up is [...] making a scale many times because you can't time the nurse do [...] It just is not right all [...] And as we have managers to be passing it to them every time [...] because many nursing technicians think they have to do everything, that he is doing everything, but often because they're not used to a nurse who manages the drive, got it? [...]They do not seek the nurse, they don't trust the nurses, they don't trust the nurses, they don't call the nurse to do anything with them [...] like the nurse there is just one more, it doesn't make a difference [...] look here the clinic having the nurse or the nurse works, not works of quality, but it works, they carry a good (E4).

It is noteworthy that this struggle is rooted in the development of the profession and the Nursing Service. These conflicts began in the late eighteenth century, permeated the

nineteenth and twentieth centuries and have worsened in recent decades the latter, culminating in nursing inserted crisis in the health sector crisis and social crisis.⁵

Before and during the process of consolidation of laws regulating the professional practice, nursing was carried predominantly by lower educational level personnel, with little integration of the professional nurse. As the profession has been developing quantitatively and also with respect to complexity, the nurse was being inserted by legal mechanisms in the hospital and thus assuming a body of activities that were once performed by auxiliary staff.¹⁷

The competition for performance spaces, introduced over time, it is possible to understand the movements of resistance to change that occur in day to day work of the nursing team and that can be inferred from the speeches of nurses as a difficulty.

I felt some resistance even from senior staff, new staff, not just newly formed, or even [...] that [...] the new people, that never worked in the area, we find no resistance, now the old staff has much addiction to change [...] Personal relationship with the coaches because they're there for a long time, so the question of change, they are somewhat resistant, so that's a little bit of difficulty also [...] (E6).

Difficulty with employee, thus being much older and talk - no, I'm too old to learn this, I don't want to learn - not understand? So I've had their resistance so you know? Most people are older than you, and you delegate something and they don't accept, understand? (E5)

[...] I don't know what's going on who enters new employee looks like is contaminated by the ancients do not know what happens. Our hampers [...] makes very, very much, the cultural issue can't seem [...] is a business rooted (E4).

On the other hand, it can be observed the paradox so that at times the relationships with staff nurses are also presented as a facilitator for the exercise of management.

One of the more positive points that I think is the issue of the confidence I have in the team and they have on people. I think this makes it easier, this approximation facilitates, our healthy living makes it easy for people (E1).

[...] the staff always gives me support, I learn a lot with both the staff and doctor [...] the relationship there is very good (E5). You learn a lot too with employees, while they make they help us, some are facilitators and others don't [...] (E9).

It is not clear how this occurs assistance and support, whether it is from the establishment of relations of horizontal work, in which subjects have involved active role and not just passive in performing its activities, or if the team is taken as element facilitator when, through a vertical relationship, only fulfills the requirements of nurse spokesman institutional needs.

It is believed that through the transformations that have occurred from the incongruity of hegemonic paradigms, this paradoxical movement would be one of the signs of rupture that enable new settings in the relations of the nursing staff. Have in mind that this is not a finished process, but that has established itself in that other representations of management practice and the role of nurses have been inserted in the social imaginary of the actors involved.

It is possible that, from then on, relations with staff assume this duality of being configured as horizontal through the insertion of new models and, in counterpoint to the process, present themselves verticalized when anchored in the hegemony of the old management models.

Regarding facilities, we observed the proximity of the management of the Nursing Service and the presence of elements that implement management action taken in view of technical rationality.

[...]the facility that we have is very tied to the management of nursing, so she is also a link that we have binding, so for me starts out [...] because if I need something, I have a good answer [...] we have a person who is there, that is fighting for people for the same thing we're trying to reach. So this is a facilitator, so nursing management is a facilitating management (E9).

The Department of Nursing is an indispensable tool for changing the element praxis. It is considered that elements are not minor actors directly involved in the daily units. The transition of management models is a process that needs to take into account the managerial opening in the macro aspect, but you cannot disregard the individual role in the construction of new meanings from everyday relationships.

In the construction of discourses, nurses do not position themselves as actors of change, and the facilities reported that they also fall into elements regarding the technical work rationality and knowledge in the context of the biomedical model.

I think now you have more employee, even though that is not yet the right, is facilitating [...] you have a bookkeeper

there on your drive to help you. So these things make us service (E3).

[...]the institution it [...] when you value this work our it gives a support for people and seeks to remedy all our [...] that lacking for example for unit, human and material resources [...] We have plenty of material resource, we have a lot that I think a lot of people don't (E4).

In my current work, human resource is ideal, in this case, there are three nursing technicians to six beds, so it is easy, does not cause any complications for me. The part even of material, in my current job, we see that it's one thing or another that lack, but so can people work without it (E6).

And when you have a good team also helps. [...] you have initiative, which has responsibility [...] So I think these factors, you have a good team, you dominate the chart, you have the knowledge during the visits, the physical examination, in conversation with the patient, it facilitates [...] A prepared team I think they have to have [...] the basic knowledge of what they're doing (E7).

Nurses must reflect about the praxis and positioning that takes in the face of difficulties. Otherwise, one runs the risk of undertaking the search for an ideal empirical reality in which no lack of funds, and hence incurs the realization that there is no facility in that space where all absences are taken perceived impossibilities that redefinition and transformation of praxis: "There is very easily [...] not much ease. (E8)"

It is believed that the instrumental rationality of work by itself is unable to cover the full range of requirements that emerge from the work process. It is necessary to make room for the particularities of the relationships and interactions (inter) subjective that can (re) enter the agent does not work as subordinate to production and technical instrument, but as a carrier subject project, the protagonist of his action with autonomy and self-govern.¹⁸ From this assumption, it may become feasible to create spaces for change privileged to other conceptions of health needs and thus new ways of organizing work.

CONCLUSION

The facilities and difficulties reported by nurses in relation to the exercise of management in inpatient units in the hospital, presented as qualifiers of the representation of management that circulates among the study participants.

It could be seen as difficulties perceived as an obstacle to the development of management designed from the technical

rationality of work, lack of material and human resources, and the lack of organization of the work process in the dismantling relations team players. While the facilities are located in counterpoint found this process, featuring a dual configuration.

Despite the small sample size, assumed here as one of the limits of this research, the results converge with other studies that have demonstrated the persistent dislocation in the role of the nurse, which allowed an approximation, without generalization to the meanings constructed, circulating in the social interface, regarding the nursing management in micro space of action. This place is allowed to point to as perhaps one of the greatest difficulties in the context of nursing management precisely positioning assumes that the protagonist of this practice, even in the face of signs of rupture of the hegemonic paradigms. Thus, means the academy as an indispensable element in contributing to the transformation of the reality of openness to new managerial concepts that are guided not prescriptive and normative approaches and new meanings are in addition to functional rationality process.

Other studies that seek to understand how it has been dealt with the difficulties of the managerial role of the nurse in training spaces and what has been the contribution of academia in construction and disruption of hegemonic representations regarding the nursing management process is suggested.

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Corresponding Address

Rogério Silva Lima
Escola de Enfermagem - Universidade Federal de Alfenas
Rua Gabriel Monteiro, 700
CEP 37130000 – Alfenas (MG), Brazil