



THE SIGHT OF HOSPITAL MANAGERS FACING THE NURSES' FUNCTIONS

A VISÃO DOS GESTORES HOSPITALARES FRENTE ÀS FUNÇÕES DO ENFERMEIRO

LA VISIÓN DE LOS DIRECTIVOS DEL HOSPITAL FRENTE A LAS FUNCIONES DE LOS ENFERMEROS

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ABSTRACT

Objective: recognizing the sight of hospital managers about the roles played by nurses in hospitals. **Method:** a cross-sectional, descriptive, exploratory and qualitative study conducted in four hospitals located in a city of Northern Minas Gerais with 16 hospital managers. The data were collected by semi-structured interview script, transcribed in full, treated in the light of the content analysis technique. The research project was approved by the Research Ethics Committee, CAAE N.14435513.0.0000.5141. **Results:** after analysis of the data there were identified three categories: << Hospital managers and nurses >>, << The nursing functions in hospitals >> and << The evaluation/monitoring of the actions of nurses in hospitals >>. **Conclusion:** hospital managers are unaware about the functions of nurses. **Descriptors:** Hospital Management; Health Manager; Nursing.

RESUMO

Objetivo: conhecer a visão dos gestores hospitalares sobre as funções exercidas pelos enfermeiros em instituições hospitalares. **Método:** estudo transversal, descritivo, exploratório e qualitativo realizado em quatro instituições hospitalares localizadas em uma cidade do Norte de Minas Gerais com 16 gestores hospitalares. Os dados foram coletados por entrevista com roteiro semiestruturado, transcritos na íntegra e tratados à luz da Técnica de Análise de conteúdo. O projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa, CAAE No 14435513.0.0000.5141. **Resultados:** após a análise dos dados identificaram-se três categorias: <<Gestores hospitalares e o enfermeiro>>, <<As funções do enfermeiro nas instituições hospitalares>> e <<A avaliação/acompanhamento das ações dos enfermeiros nas instituições hospitalares>>. **Conclusão:** os gestores hospitalares desconhecem as funções dos enfermeiros. **Descritores:** Gestão Hospitalar; Gestor de Saúde; Enfermagem.

RESUMEN

Objetivo: conocer la visión que los directores de hospitales tienen acerca de las funciones desempeñadas por enfermeros en las instituciones médicas. **Método:** un estudio transversal, descriptivo, exploratorio y cualitativo realizado en cuatro hospitales situados en una ciudad en el norte de Minas Gerais con 16 gerentes de hospitales. Los datos fueron recogidos por el guión de entrevista semi-estructurada, transcritos en su totalidad y tratados a la luz de la técnica de análisis de contenido. El proyecto de investigación fue aprobado por el Comité de Ética en la Investigación, CAAE N. 14435513.0.0000.5141. **Resultados:** después del análisis de los datos había identificados tres categorías: << Gerentes de hospitales y enfermeras >>, << Las funciones de enfermería en los hospitales >> y << La evaluación/seguimiento de las acciones de las enfermeras en los hospitales >>. **Conclusión:** los administradores de hospital no están conscientes de las funciones de las enfermeras. **Descriptor:** Gestión Hospitalaria; Gerente de Salud; Enfermería.

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INTRODUCTION

The hospital dates back to the Middle Ages, a period when the practice of medicine was dedicated only to the provision of assistance to the poor and to protecting those who possessed good health.¹ The coordination of these institutions was held by religious leaders in power and order ensuring salvation, the support to hospitalized people and their passage from life to death.² The insertion of that time nursing service denoted, a time when the institutions were not characterized by management processes and returned their concerns for quality care.

In the second half of the nineteenth century modern Nursing goes into activity through the principles and ideas of Florence Nightingale, the first entitled hospital administrator by modern medical literature. One of its initial key ideologies is to recognizing that hospitals need radical changes for improving the care to the sick. These changes contributed to the treatment, rehabilitation and integration of patients in their community, as the changing role of hospitals and nurses inserted in this context.³

After the Second World War, hospital becomes a corporation enjoying appropriate structure to receive the best care for its patient, giving it quality of life and rehabilitation before acquiring diseases.³ Even at that time, in hospitals, predominated the model of medical care focused on biomedical knowledge and privatized. The category of nursing was placed as subordinate in the hierarchy and complying to-do in a relationship of subordination and devaluation by the lack of identity.¹

In this context, the American nurses, members of the Technical Cooperation Mission to the development of nursing in Brazil, fought for a decade to build the image of a prepared, safe and qualified nurse. Thus, it was found that the Brazilian nurse training method included strategies which sought to sharpen the recent and important profession before the Brazilian society, resulting in the realization by the nurse of activities focused on supervision, management and control.⁴⁻⁵

The quality of health care has evolved in line with the quality management models and the improvement of managerial training for nurses. Studies show that hospitals in Brazil are still employing the management model that emphasizes vertical and formal structures that no longer meet the expectations of hospital managers, nurses and even less of patients, thus contributing to the invisibility

of the nurse's primary function care to the patient. Thus, the influence of the nurse on better health results to the patient is rejected by the management model built by the institution.⁶

The demand for nurses is increasing in stocks of various kinds, taking it to draw and develop skills able to maintain their performance at satisfactory levels, and many of the processes that competes, such as: care/watch, administer/manage, search and teach.⁷ The general powers of the practice-nurse stake to comprehensive health care; evaluation, methodology and health care; communication with the patient in a clear, concise, accessible, safe and accurate; take the front position of leadership to multidisciplinary team and the population; among other.⁸

The work of nurses in hospital is made up, significantly, two essential skills, management that aims the organization of work and the availability of nursing resources, and the assistance that is to intervene and ensure the basic needs and care appropriate to the patient.⁹ Integrated still to three service directions as: care management, managing the unit/sector and people management. Care management, which is the main focus characterized by comprehensive service and to the patient. Already managing the unit/sector comprises the direction of the organization of activities of the care of the environment and the management activity of people is in interpersonal relationships and team qualification, ensuring harmony in the processes and the service organization.¹⁰

In the exercise of their managerial skills, nurses remains less time with the patient and their team, since they occupy, increasingly, administrative and bureaucratic actions, which not infrequently results in disruption of the links nurse-patient-team. In this situation, it is common to experience a professional nurse role conflict, since we did not know if they contest the administrative requirements or provide care to the patient.⁸ What, in turn, contributes to the non-recognition of administrators and hospital managers as to the true role of the nurse as some of its functions could be performed by other professionals. Research shows the various nursing roles in hospitals, but those that relate to the specific functions of this person are few and not very current. Thus, we must be clearly defined what are the specific functions of the nurse, as the functional uncertainty prevents the quality of health services.¹² Thus, this study sought to recognize

the vision of hospital managers about the roles played by nurses in hospitals.

METHOD

This is a cross-sectional, descriptive, exploratory and qualitative study conducted in four hospitals located in a city in Northern Minas Gerais, two of which are philanthropic (private), one public and the other one private.

The population consisted of 16 hospital managers selected according to the highest rank within the organizational structure of the institution and to be responsible for the strategic management company. There were defined as inclusion criteria, holding the position of manager and be present in the hospital on days established for data collection. The 16 participants were informed about the total freedom of withdrawal at any stage of the research.

Data collection was carried out between the months of April and May of 2013 through an interview with structured script whose questions were contemplating the nurse profile waited for the hospital Manager, the functions that nurses should play and how the same were evaluated for their performance. A recording device (MP4) was used to record the testimony of the participants, in order to be transcribed for study validation.

The data were evaluated, ranked and transcribed according to the technique of thematic content analysis, according to Bardin, which consists of three steps: the pre-analysis, which consists in choosing the documents to be analyzed; in the resumption of the initial hypotheses and research objectives; and the development of indicators for final interpretation. The exploration of the material with the text cut in record units and subsequently select up the counting rules that allow some form of quantification. Finally, we made the classification and aggregation of the data in which the results are treated.¹³ The reports were analyzed in line with the Bardin content analysis technique.

The research was approved by signing the Informed Consent in the months of December 2012 and January 2013. The study was approved by the Research Ethics Committee of the United Colleges of Northern Minas Gerais - FUNORTE by Platform Brazil, on March 30th, 2013; under the CAAE N. 14435513.0.0000.5141, proving the line of research with the provisions of Resolution 466 of December 12nd, 2012; which deals with research involving human subjects, as well as the relevant guidelines.²⁷ Participants

involved in the research had ensured their personal identity, and for that, used sequential numeric aliases.

RESULTS AND DISCUSSION

This study involved 17 respondents that are involved in the management of hospital services. It started from the systematization of three core categories representing the axis around which the product performed dynamic is articulated, namely: hospital managers and nurses, nurse's functions in hospitals and evaluation/monitoring of the actions of nurses in hospitals that are outlined below:

♦ Hospital managers and nurses

From the central category analysis there were revealed three subcategories: the care/management role, the subordination of nurses and other professionals and the screening nurse.

With regard to the first subcategory, it showed that hospital managers prize by nurses with care technical and administrative skills, simultaneously:

[...] The nurse today serves two basic functions, what we expect from him: first participating nursing overseeing all technical staff, concerned with the care and another that he is in fact a potential manager [...] [Interviewee G3].

[...] while a professional nurse who has the competence and sufficient technical capacity to do the job he coordinates happen [...] [Interviewee G10].

Much of the country's hospitals also have a management system that enables based on the functional model that emphasizes vertical and formal structures. However, these traditional models no longer meet the expectations of workers, managers and especially patients, since nurses working in this reality end up moving away from organized patient care.¹⁰

The nurse in his managerial competence must organize the work of the nursing staff and ensure the necessary resources to deliver the services of this team. In addition, the nurse in his care competence, should provide adequate care to the patient which is the main focus of care.⁹

The extent that the methods of care and require management can lead to overloading of professional nursing services, but also compromise some primary questions for the evolution of the patient's condition and to the processes of health services in hospitals. The nurse in the situation heisin is unable to devoting excellence with the tasks that have

been designated as the management work depends on the generation of healthcare enhancement conditions. Thus, the work shall include all administrative, care and educational functions due to management being designated to direct support for assistance revalidate the administrative and educational activities.¹⁵

Regarding subordination of nurses to other professionals, it can still be evidenced by the hierarchy of some hospitals, where the medical professional service outweighs the care offered by nursing to patients. The speech below show the view of some managers.

[...] the nurse plays a major role within the hospital, because he is in a situation that usually talks which are two crossfire, a reporting with the doctor and the other with the nursing technician [...] [Interviewee G3].

[...] the nurse is ... let's say ... not right arm of the doctor, is the right arm and left arm [...] [Interviewee G6].

The method of forming the Brazilian Nursing is developed through strategies that provide transparency and appreciation of the profession to society. Through it offers results that guarantee the nurse supervisory responsibilities and administration of care and staff, and no more benefit and dependence on medical professional.⁵

The nurse is an indispensable component to the provision of health services and has the technical nursing and healthcare as allies and not as subordinate to them. If this subordination of view still prevails in hospitals, nurses loses their function characteristic of leadership and care manager, placing in care position only performer requirements of other categories of health.

The subcategory 'The screening nurse', evidenced by the speech below, features the nurse as a professional responsible for the screening of patients, ie, hospital managers delegate to nurse the function of selecting patients, according to the level seriousness in which they are.

[...] and I think one of the most important gains also both in attendance as was the management of Manchester risk rating, which came to, shall we say screening nurse [...] [Interviewee G6].

Screening is a term commonly used in healthcare generating conflicts due to their understanding with the sense of exclusion. With the implementation of the Manchester Protocol, is guaranteed universal access

through the risk classification, featuring the most reliable profile of the patient.¹⁷

The concept of screening nurse contradicts the ethical principles of nursing, which considers equity as one of the responsibilities and duties of the profession.¹⁸ This concept also depreciates its professional liability able to offer the best care, the care to the patient.

♦ The nursing functions in hospitals

The second category reveals the roles that nurses play in hospitals, being divided into two subcategories: The nurse as the multidisciplinary link and the omniscient nurse.

The subcategory 'The nurse as the multidisciplinary link' highlights the expectation and knowledge that hospital managers have on one of the primary functions of the nurse in the institutions. The report below shows that the responsibility of the nurse in being a team agent is standing out and being accepted by other health professionals.

[...] the upgrade, integration, and the issue also very important that is to the issue multidisciplinary, which is next to the rest of the staff, from the medical staff, dietician, and physiotherapist. So they, more than anyone are link because they are there more present and is the main bridge of multidisciplinary [...] [Interviewee G11].

From the general nursing skills include full service health, zeal, order and patient care. In addition, there is the relationship and communication with the patient, ensuring the care and all necessary information, and the responsibility to take the lead of the multidisciplinary team.⁸ This is the result of the complexity of health services provided by hospitals and favor the development of skills and competencies of nurses in their work. The performance of this professional comprises a network of synthesis which provides as it performs its function and what would be its attitude to unexpected situations before the various circumstances. Considering his multiaxial role, the nurse promotes the evolution of recognition of their role in the production of health services.¹⁹ Regarding the subcategory 'The omniscient nurse', the speech expresses ignorance of the functions of nurses by the hospital manager. This characterization of nurses misrepresents their profession due to their specifications in patient care and work in health promotion service.

[...] the nurse, he has within that activity a bit, a super important job of monitoring everything. [...] [Interviewee G9].

Nurses in their functions should be prepared to evaluate technological, human and organizational resources, and have to develop skills, knowledge and skills, attitudes and values to perform the planning, organizing, directing and controlling all processes in organizations or institutions.¹⁹ With the previous report clearly realize that the work or nurse functions in the manager's view go beyond the duties to be noted that the professional must accompany all. The concept of recognizing can be associated with the concept of leadership used by Plato, when referring to the leader as an omniscient being able to create the perfect¹⁹, but this relationship has become outdated.²²

Leadership represented as relevant jurisdiction for both parties and the search for its development by nursing managers emphasizes the claim that the labor market requires nursing knowledge and the implementation of leadership, and that professionals are beginning to pay attention to this demand.²³

The resulting changes to globalization and increased competitiveness have established changes in organizations, including health institutions still are reviewing their governance and to seek quality in its services.²⁵With these changes, Nursing actively participates in all processes of hospital services but that are already specialized according to nurses' education.

Knowledge about the functions of the nurse managers by facilitating the work of the hospitals, because the essence of patient care is on teamwork composed of all employees of the health services. If each well know what is done and what the other does, and if you keep the contact between professionals by improving inter-relationship provides to quality care provided to the patient.²⁵

♦ Evaluation/monitoring of the actions of nurses in hospitals

From the analysis of the category evaluation/monitoring, it enabled the construction of three subcategories: Collective Evaluation, weekly and/or monthly; Nurses' performance assessment by the patient and Nurses' evaluation through their features.

The first subcategory, Collective evaluation weekly and/or monthly, comprises the view of managers as to how it should be performed to evaluate nurses' performance. The reports

highlight the holding weekly and/or monthly meetings with their employees and nurses, in some institutions, the Practical Nursing being involved in the evaluation:

[...] We do one meeting a week, with all the nurses, nursing coordination and ICU nurses, the apartment nurses and ward, and then we do the routine use [...] [Interviewee G9].

[...] There is almost monthly assessment of both the nurse and the nursing technician, there is an evaluation meeting of the supervisors once a month with the board, to see the pros and cons, the difficulties, solutions, problems, what you can do everything with regard to assistance, all with respect to management [...] [Interviewee G6].

The performance evaluation is the orderly function performed by the professional analysis in its institution. This assessment helps the systematization of the individual performance of each professional according to the deeds he performs, the objectives and goals, as well as the expected results and professional development potential. This process allows evaluating, quantifying and qualifying the work of professional, especially its contribution to the development of the organization.²⁶

The evaluation process of managers to their nursingstaff is performed limited and informal way, because it ignores the performance of these professionals due to the lack of definition of work and evaluation criteria. There is a concern to analyzing continuously the professional practice, service to about quality, quantity, responsibility, creativity and initiative of the nurse, the recognition of their potential and detection of investment needs in the formation of a professional.

In the second subcategory represented by 'The evaluation of the nurses' performance according to the patient', the manager adopts as a means of evaluating the services provided by the nurse to the patient during its stay in hospital, it is what can be seen in the following quote:

[...] Not long ago we also adopt the internal ombudsman process. Then the patient also it gives us the feedback concerning the treatment he is receiving, which is a form of assessment also, and serves to redirect people not only for nurses, but in other situations [...] [Interviewee G9].

The assessment (or feedback) 360°, which had its advent in the early twenty-first century, is characterized as a model that aims at obtaining more information about the

performance of an official, from the increase in the number of people that assess not only being superior, but also teammates, subordinates, customers, and in some cases even suppliers and by the employee (self-assessment) .²⁶ Institutions to provide services, such as hospitals use programs integration for performance evaluation of its professionals, characterized by socialization among its members. Performances appraisals in that case seek diagnose and correct any situations and allow each party to assess what is being offered and what you're getting in return.²⁶

Managers do not have information about the actual performance of their collaborator nurse since the isolated evaluation of the patient in relation to nurses is poor due to the link nurse/patient becomes impaired with the addition of the duties of manager/assistant nurse. The evaluation 360° results in reliable performance information reported by many people, but this evaluation tool is not conclusive, since it reflects the subjective reality behavior from a range of different perceptions.

The third subcategory portraying 'Evaluation of nurses through their features' is quite instructive that for the manager which highlights the nurse are your personal/social habits and your attitude, not valuing their knowledge, skills, and performance skills; this can be observed in the speech below:

[...] If one speaks well, if the person is polite, if the person has principles, like, like the function, because nursing is a liked thing, attachment, care of patients, have love for the patients. So is the profile we look in more nurses that we end up choosing to come to work here with us [...] [Interviewee G7].

The assessment should emphasize the professional in the whole and not just the impression about the personal/social habits observed at work. The evaluation should focus on an objective analysis of performance and not on a subjective assessment.

The standard of review used by the manager to evaluating the employee's performance is not clear, and the nurse's subjective judgment only by the established print and the social habits practiced and is not substantiated and should be based on behavior and not on features. Should be evaluated worker capacity in relation to their knowledge, skills and attitude; thus mapping the potential developed by nurses in an objective, related to specific functions. It is important to enhance the knowledge on the visibility of Nursing.²⁹

CONCLUSION

Managers of hospitals have different experiences regarding the functions of nurses in their respective institutions, which favors the lack of specifics of the work of these professionals in hospitals. We emphasize the importance of these managers know the specific functions of nurses, so they can measure their skills and understand the difficulties encountered in daily life of this professional.

The information obtained allow further understand that hospital managers aims administrator/ management nurse, seeing him responsible for everything that happens in the industry, ignoring the responsibilities assigned to other professionals who deal directly or indirectly to the quality of patient care, not depending so only the nurse ara excellence of service given to the patient. Also be seen that managers assess nurses subjectively, because the evaluation criteria that do not continuously accompany the activity performed by nurses and evaluate not according to their specific functions.

It is essential the involvement of managers of hospitals to the attention of the functions of nurses who work in them, thereby facilitating the recovery of this person and his work. Thus, there must be favorable to their suitability functions that generate quality of service and the institution, as well as wellness professional.

REFERENCES

1. Vendemiatti M, Siqueira ES, Filardi F, Binotto E, Simioni FJ. Conflito na gestão hospitalar: o papel da liderança. Ciênc saúde coletiva [Internet]. 2010 [cited 2013 Mar 5]; 15(1):301-14. Available from: <http://www.scielo.org/pdf/csc/v15s1/039.pdf>
2. Lucena ICD; Barreira IA. Revista Enfermagem em novas dimensões: Wanda Horta e sua contribuição para a construção de um novo saber da Enfermagem (1975-1979). Texto contexto-enferm [Internet]. 2011 July-Sept [cited 2013 Mar 5];20(3):534-40. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-07072011000300015
3. Gindri L, Medeiros HMF, Zamberlan C, Costenaro RGS. A percepção dos profissionais da equipe de enfermagem sobre o trabalho dos enfermeiros. Cogitare enferm [Internet]. 2005 Jan-Apr [cited 2013 Mar 5];10(1):34-41.

Available from: <http://ojs.c3sl.ufpr.br/ojs-2.2.4/index.php/cogitare/article/view/4669>

4. Santos TCF, Barreira IA, Fonte AS, Oliveira AB. Participação americana na formação de um modelo de enfermeira na sociedade brasileira na década de 1920. Rev Esc Enferm USP [Internet]. 2011 [cited 2013 Mar 5];45(4):966-73. Available from: <http://www.scielo.br/pdf/reeusp/v45n4/v45n4a25.pdf>
5. Santos TCF, Lopes GT, Porto F, Fonte AS. Opposition to the american leadership by brazilian nurses (1934-1938). Rev Latino-Am Enfermagem [internet]. 2008 [cited 2013 Mar 6];16(1):130-5. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/18392542>
6. Bernardes A, Cummings G, Évora YDM, Gabriel CS. Contextualização das dificuldades resultantes da implementação do Modelo de Gestão Participativa em um hospital público. Rev Latino-Am Enfermagem [Internet]. 2012 Nov-Dec [cited 2013 Mar 6];20(6):1-10. Available from: http://www.scielo.br/pdf/rlae/v20n6/pt_17.pdf
7. Dias HC, Paiva KCM. Competências do enfermeiro: estudo em um hospital privado. Rev Bras Enferm [Internet]. 2011 May-June [cited 2013 Mar 7];64(3):511-20. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034-71672011000300015
8. Maya CM, Simões ALA. Implicações do dimensionamento do pessoal de enfermagem no desempenho das competências do profissional enfermeiro. Rev Bras Enferm [Internet]. 2011 Sept-Oct [cited 2013 Mar 8];64(5):898-904. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034-71672011000500015
9. Bueno AA, Bernardes A. Percepção da equipe de enfermagem de um serviço de atendimento pré-hospitalar móvel sobre o gerenciamento de enfermagem. Texto contexto-enferm [Internet]. 2010 Jan-Mar [cited 2013 Mar 12];19(1):45-53. Available from: <http://www.scielo.br/pdf/tce/v19n1/v19n1a05>
10. Rocha ESB, Trevizan MA. Quality management at a hospital's nursing service. Rev Latino-Am Enfermagem [internet]. 2009 [cited 2013 Mar 20];17(2):240-5. Available from: <http://www.scielo.br/pdf/rlae/v17n2/16.pdf>
11. Willig MH, Lenardt MH, Trentini M. Gerenciamento e cuidado em Unidades de Hemodiálise. Rev Bras Enferm [Internet]. 2006 Mar-Apr [cited 2013 Mar 20];59(2):177-82. Available from: http://www.scielo.br/scielo.php?pid=S0034-71672006000200011&script=sci_arttext
12. Benito GAV, Tristão KM, Paula ACSF, Santos MA, Ataíde LJ, Lima RCD. Desenvolvimento de competências gerais durante o estágio supervisionado. Rev Bras Enferm [Internet]. 2012 Jan-Feb [cited 2013 Apr 2];65(1): 172-8. Available from: http://www.scielo.br/scielo.php?pid=S0034-71672012000100025&script=sci_arttext
13. Costa R, Padilha MI, Amante LN, Costa E, Bock LF. O legado de Florence Nightingale: uma viagem no tempo. Texto contexto-enferm [Internet]. 2009 Oct-Dec [cited 2013 Apr 2];18(4):661-9. Available from: <http://www.scielo.br/pdf/tce/v18n4/07.pdf>
14. Minayo M.C.S. Pesquisa Social: teoria, método e criatividade. 29.ed. Petrópolis, RJ: Vozes; 2010.
15. Giordani JN, Bisogno SBC, Silva LAA. Percepção dos enfermeiros frente às atividades gerenciais na assistência ao usuário. Acta Paul Enferm [Internet]. 2012 [cited 2013 Mar 2];25(4):511-6. Available from: http://www.scielo.br/scielo.php?pid=S0103-21002012000400005&script=sci_arttext
16. Jesus MS, Said FA. Autonomia e a prática assistencial do enfermeiro. Cogitare enferm [Internet]. 2008 July-Sept [cited 2013 Mar 8];13(3):410-21. Available from: <http://ojs.c3sl.ufpr.br/ojs2/index.php/cogitare/article/view/12996>
17. Minas Gerais. Parecer Técnico nº 136, de 26 de setembro de 2011. Dispõe Sobre a Competência do enfermeiro para realizar a Classificação de Risco nos diversos pontos de atenção à saúde da população. Conselho Regional de Enfermagem de Minas Gerais. 2011 Sept.
18. Rio de Janeiro. Resolução COFEN nº 311, de 08 de fevereiro de 2007. Aprova a reformulação do Código de Ética dos profissionais de Enfermagem. Conselho Federal de Enfermagem. 2007.
19. Neves MMAMC. O papel dos enfermeiros na equipe multidisciplinar em Cuidados de Saúde Primários - Revisão sistemática da literatura. Rev Bras Enferm [Internet]. 2012 [cited 2013 Apr 5];3(8):125-34. Available from: http://www.scielo.oces.mctes.pt/scielo.php?script=sci_arttext&pid=S0874-02832012000300013

20. Ruthes RM, Cunha ICKO. Competências do enfermeiro na gestão do conhecimento e capital intelectual. Rev Bras Enferm [Internet]. 2009 Nov-Dec [cited 2013 Apr 5]; 62(6):901-5. Available from: <http://www.scielo.br/pdf/reben/v62n6/a16v62n6.pdf>
21. Silva LF, Cunha ICKO. Liderança em enfermagem: conceitos, evolução e dificuldades dos enfermeiros. Rev Enferm UNISA [Internet]. 2005 Jan-Feb [cited 2013 May 1]; 6(1):58-63. Available from: www.unisa.br/graduacao/biologicas/enfer/revista/arquivos/2005-10.pdf
22. Rozendo CA, Gomes ELR. Liderança na enfermagem brasileira: aproximando-se de sua desmitificação. Rev Latino-Am Enfermagem [Internet]. 1998 Dec [cited 2013 May 1];6(5):67-76. Available from: <http://www.scielo.br/pdf/rlae/v6n5/13862.pdf>
23. Higa EFR, Trevizan MA. The style of leadership idealized by nurses. Rev Latino-Am Enfermagem [internet] 2005 [cited 2013 May 1];13(1):59-64. <http://www.ncbi.nlm.nih.gov/pubmed/15761581>
24. Furukawa PO, Cunha ICKO. Perfil e competências de gerentes de enfermagem de hospitais acreditados. Rev Latino-Am Enfermagem [Internet]. 2011 Jan-Feb [cited 2013 May 2];19(1):1-9. Available from: http://www.scielo.br/pdf/rlae/v19n1/pt_15.pdf
25. Saar SRC, Trevizan MA. Papéis profissionais de uma equipe de saúde: visão de seus integrantes. Rev Latino-Am Enfermagem [Internet]. 2007 Jan-Feb; [cited 2013 May 2];15(1):106-12. Available from: http://www.scielo.br/pdf/rlae/v15n1/pt_v15n1a16.pdf
26. Chiavenato I. Gestão de Pessoas: o novo papel dos recursos humanos nas organizações. 3.ed. Rio de Janeiro: Elsevier; 2010.
27. Brandão HP, Zimmer MV, Pereira CG, Marques F, Costa HV, Carbone PP, Almada VF. Gestão de desempenho por competências: integrando a gestão por competências, o balanced scorecard e a avaliação 360 graus. R adm pública [Internet]. 2008 Sept-Oct[cited 2013 May 3];42(5):875-98. Available from: <http://www.scielo.br/pdf/rap/v42n5/a04v42n5.pdf>
28. Brasil. Ministério da Saúde. Conselho Nacional de Saúde. Diretrizes e normas regulamentadoras de pesquisa em seres humanos: resolução n. 466 de 12 de dezembro de 2012. Available from:

http://bvsmms.saude.gov.br/bvs/saudelegis/cns/2013/res0466_12_12_2012.html

29. Martins MJR, Fernandes SJD. A visibilidade da enfermagem, dando voz à profissão: revisão integrativa. J Nurs UFPE on line [internet]. 2014 July [cited 2014 jul 27] 8(supl. 1):2422-33. Available from: http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/view/6219/pdf_5713

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