



THE WORK OF THE NURSE IN THE CONTEXT OF TRANSFORMATION: FROM GENERAL HOSPITAL TO TEACHING

O TRABALHO DO ENFERMEIRO NO CONTEXTO DE TRANSFORMAÇÕES: DE HOSPITAL GERAL PARA DE ENSINO

EL TRABAJO DEL ENFERMERO EN EL CONTEXTO DE LAS TRANSFORMACIONES: DE HOSPITAL GENERAL AL DE ENSEÑANZA

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ABSTRACT

Objective: to describe the implications of the change from a general hospital to teaching in the work of nurses. **Method:** a qualitative study, in a single case study, with seven nurses who experienced the transition process of a hospital in the western region of Paraná. The data was collected through means of a focus group and analyzed by the technique of Content Analysis, thematic modality. **Results:** the categories - Work changes; Work reorganization process and Nursing work were identified after the change process. **Conclusion:** the study demonstrated a complex process of change bringing implications for nurses' work. However, in spite of the difficulties experienced, the insertion of the university in the hospital brought an expansion of the staff, creation of new management levels, professional qualification, better working conditions and internal and external recognition of nurses' work. **Descriptors:** Nursing; Management of Professional Practice; Organizational Innovation; Teaching Hospitals.

RESUMO

Objetivo: descrever as implicações decorrentes da mudança de um hospital geral para de ensino no trabalho do enfermeiro. **Método:** estudo de abordagem qualitativa, na modalidade estudo de caso único, com sete enfermeiros que vivenciaram o processo de transição de um hospital na região oeste do Paraná. Os dados foram coletados por meio de grupo focal e analisados pela técnica de Análise de Conteúdo, modalidade temática. **Resultados:** foram identificadas as categorias - Mudanças no trabalho; Processo de reorganização do trabalho e Trabalho do enfermeiro após o processo de mudança. **Conclusão:** o estudo demonstrou um complexo processo de mudança trazendo implicações para o trabalho do enfermeiro. No entanto, apesar das dificuldades vivenciadas, a inserção da universidade no hospital trouxe ampliação do quadro funcional, criação de novos níveis gerenciais, qualificação profissional, melhores condições de trabalho e reconhecimento interno e externo do trabalho do enfermeiro. **Descritores:** Enfermagem; Gerenciamento da Prática Profissional; Inovação Organizacional; Hospitais de Ensino.

RESUMEN

Objetivo: describir las implicaciones derivadas del cambio de un hospital general para el trabajo educativo de un enfermero. **Método:** estudio cualitativo, de un único estudio de caso, con siete enfermeros que han experimentado el proceso de transición de un hospital en la región oeste del Paraná. Los datos fueron recogidos usando grupos de enfoque y analizados por la técnica de Análisis de Contenido, en modalidad temática. **Resultados:** fueron identificadas las categorías - Cambios en el trabajo; Proceso de reorganización de trabajo y Trabajo del enfermero después del proceso de cambio. **Conclusión:** el estudio demostró un complejo proceso de cambio trayendo implicaciones para el trabajo del enfermero. Sin embargo, a pesar de las dificultades vividas, la inserción de la universidad en el hospital trajo ampliación de cuadro funcional, creación de nuevos niveles de gestión, formación profesional, mejores condiciones de trabajo y reconocimiento interno y externo de la labor de los enfermeros. **Descriptores:** Enfermería; Gestión de la Práctica Profesional; La Innovación Organizativa; Hospitales de Enseñanza.

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INTRODUCTION

Organizations undergo major transformations to adapt to new economic and social scenarios. In this perspective, the health sector is no exception. The change in hospitals has been boosted by technological advances, increased costs, patient profile and implementation of new policies of the UHS - Unified Health System.

The university hospitals are those institutions linked or owned by universities, which can be accredited/recognized by the Ministry of Health (MH) and the Ministry of Education (MEC) as educational institutions. Such certification is valid for two years and follows criteria related to teaching, assistance and management, and at the end of the referred period, new evaluations should be carried out.¹

Currently, teaching hospitals are responsible for training health professionals and for the development of research, has as a responsibility, specialized health care and high technology. It also presents, significant concern with health management, given the high cost of health care, teaching and research activities that it develops.²

In the context of public teaching hospitals, nurses constantly need to improve, and consequently, adapt, their way of working, due to the demands of academic coexistence; by the demands stemming from Unified Health System legislations; teaching hospital; Health Surveillance, and others; equipment and specialized materials, among others, but, in practice, these changes are not always planned, resulting in setbacks to Nursing work.

In the western region of the State of Paraná, a hospital, called the Regional Hospital RH, was built on May 31, 1989 with the initial purpose of meeting the health care demands of workers at the Itaipu Binational Plant. Subsequently, as of December 27, 2000, due to the need for a field to practice Medicine, the State governor, through State Law No. 13029, transformed it into a University Hospital in the West of Paraná State UHWP.³

During this same period, Brazil was going through a historic moment of redefinition of policies related to teaching hospitals, and in 2003, UHWP joined the restructuring program of teaching hospitals, and in 2004, began to adapt to certification as an institution of teaching. The changes to meet the requirements of the UHWP certification included: infrastructure, academic spaces, libraries, among others, assistance to the

UHS, including urgency and emergency, among others; and management standards, protocols, commissions.⁴

The story shows the difficulties of the Regional Hospital to transform and consolidate itself as a teaching hospital, which aroused the interest to carry out this study, because such changes directly affect the work of nurses, in this context, and this one is also a professional directly inserted and active in the changes of the organizations in health.

When considering that the change to a teaching hospital happened intentionally at UHWP, to meet the needs of training, care and management, and that Nursing plays an important role in this process, the guiding question of this study is << What were the implications of the organizational change from general hospital to teaching hospital to the work of nurses at that hospital? >> and aimed:

- To describe the implications of moving from a general hospital to a nursing teaching hospital.

METHOD

This article is from the dissertation << Implications of organizational change from general hospital to teaching hospital in nurses' work, 2012 >>, Federal University of Paraná / UFPR.

A qualitative study, in the form of a single case study,⁵ carried out in a public and teaching hospital, located in the western region of the State of Paraná / PR, Brazil, which is a field for practical classes in technical, undergraduate and postgraduate programs in health.

The study participants were the nurses who met the inclusion criteria: being a nurse linked to the institution; having worked before UHWP was certified as a teaching hospital, and continuing to work in the hospital. The UHWP nurses had 83 nurses, 14 of whom met the inclusion criteria and were individually invited by the researcher to participate in the study. Seven nurses were excluded because, at the time of data collection, one was on leave-premium; one was on maternity leave; two, were on vacation, one was ill and two were not present.

The technique used for data collection was the focal group, held in March 2012, for two hours, in a room provided by the hospital itself. In addition to the seven participants, there was a rapporteur, an observer and a moderator, who was the researcher himself.

The triggering question for the focus group was: talk about the perceived changes in your

work in the transformation into a university hospital, and then, into a teaching hospital. The content was recorded on the audio device in consonance with the participants. At the end of the focus group, the information obtained was confirmed with the participants, and later, transcribed.

The analysis of the data was guided by the Content Analysis Technique, in the Thematic Analysis modality,⁶ which works by dividing the text into units, into categories, according to analog regroupings, and is composed of three stages: pre-analysis, material exploration and treatment of results.⁶

The research project was approved by the Human Research Ethics Committee of the Federal University of Paraná / UFPR protocol No. CEP / SD: 1230.155.11.10. Participants were clarified about the research objectives and signed the Informed Consent Term - (ICT).

To maintain anonymity, the participants were individually identified with letters other than the alphabet.

RESULTS

♦ Characterization of participants

Of the seven participants, six were females and, one male. The mean age was 38 years and the training time was 13.6 years. As for the qualification, four were specialists and two were masters.

After successive readings of the content, emerged three categories and eight subcategories, which are presented in figure 1. The discourses of the participants that represent the emerging categories and subcategories can be verified in this sequence.

Categories	Subcategories
Changes in nurses' work	Communication of change Team reaction
Process of reorganization of nurses' work	The process of collective restructuring of work; The performance of care and education in the restructuring process; Administrative reformulation for the work.
Nurse's work after the change process	Administrative structuring for work; The Work of the Nurse; Professional visibility.

Figure 1. Presentation of the Empirical Categories and Subcategories Related to the Work of the Nurse. Curitiba (PR), Brazil, 2012.

♦ Change in the nurse's work

[...] the secretary of health came to the hospital and told everyone: do not worry this contest, is just to regularize the situation and the hospital becomes a university hospital and created a very great expectation [...] E

[...] When the result of the competition came out, everyone cried, [...] people who were not approved took backpacks and left in the middle of the shift [...], who was beaten the despair [...] E

[...] So I got the new staff, so it was a mix of feelings, I had passed, but I was not going to stay, I was in the waiting queue, [...] it seemed that I had to hand over my dream to another person, [...] I received the person, and I was a time off, four months and I came back [...] D

♦ Process of reorganization of nurses' work

[...] We went to study, we studied every day, we did manual of rules and routines, we organized our work process, because we did not know where to start, ... it was a very difficult period [...] B

[...] Until it became a teaching hospital, we were not even a firefighter ... I could not follow the patients, I could not think of a work process, I sometimes, had an incident in two sectors and the other nurse came to help because there were three nurses at night you were happy when you did the

complex procedures, not for the technicians [...] E

[...] When we arrived here ... no one of the managerial type was worried about investing in Nursing professionals to improve, from the academic point of view, to improve care, this was conquered with great difficulty [...] G

[...] The nursing course was already here, later came other courses, at first, it was difficult, no one wanted to take the whole patient, and, the Nursing had to solve and intervene the situations, there they delayed the prescriptions; Diagnoses and behaviors and, consequently, nursing was also affected [...] F

[...] we had a general direction, a clinical director, a head of Nursing ... during University time a Nursing direction was created and a university professor came, then nurses from the hospital took over. After the teaching hospital, came a general, administrative, financial, Nursing, clinical, and most recent, direction was created the pedagogical direction [...] F

♦ Nursing work after the change process

[...] In Nursing we had a very great evolution also; when it became a teaching hospital, were created the coordinators, the office of quality and continuing education [...] C

[...] With the teaching hospital came the SAE, which was extremely distant, college bank thing, you did not even imagine prescribing, this was an illusory thing and today it has everyday and is so normal [...]] E

[...] Before, we did not think of Nursing as a science, because I'm doing such a thing, what to do to improve the procedure, could not plan. Today, the teaching hospital is planning, we can see where we want to go [...] B

[...] technologies were included in our wards with the teaching hospital, the PIC catheter, dressings, electronic medical record ... the materials and equipment evolved greatly [...] C

[...] today, the academic reports to the resident, who has a scale, you know who to turn to and our work process is more organized. Because of this, patients are not left without prescription, the conducts and diagnoses are performed, Has problems, but in general, it works [...] F

[...] There was, a teaching hospital, the emergence of professionals linked to education, which motivated us to train and recycle, such as post-graduate specialization, master's and even doctorate, enhanced our academic knowledge and greatly improved quality of hospital care from 2001 to the present [...] G

[...] In the past, we were going to know other institutions, today, because of these improvements and being a teaching hospital, our work is also a reference for other institutions, including, private ones ... today we are recognized by the technical and theoretical competence [...]] F

DISCUSSION

♦ Change in the nurse's work

This category shows that, although it has not yet actually taken place in the nurses' work process at the moment, the change began with the announcement of the competition, at the time, held by the municipal Health secretary.

It was found that nurses knew about moving from general hospital to teaching hospital only when the health secretary reported on the issue. The political decision to change the hospital model was not discussed with hospital nurses; no spaces were created for dialogue, exchange of opinions and, above all, clarification.

It is highlighted that communication failure is an important problem in a situation of change and was also evidenced as one of the greatest difficulties in the implementation of a new management model, in a study

developed in a public hospital located in the northeast of the State of São Paulo⁷. Another important aspect, involving the "communication" tool in the process of change is the ability to "sell" the idea of the need for organizational transformation. So those involved understanding the reality in question feeling motivated and able to participate in this process.

With the result of the contest, there was a reaction of the nurses, both those who were not approved in the contest, and those who stayed in the institution. It was verified that the reactions of people, workers, as subjects in this process, were manifested individually and privately. The change aroused repudiation, feelings of fragility, loss and ambiguity as to the joy of staying and the sadness of the friends who left, and also the lack of definition about the permanence due to the need to wait for new calls from the selection process.

The feelings shown by the nurses converge with results found in another research that showed different feelings about the process of change, but, concluding that the resistances integrate functional and dysfunctional aspects, active and passive, deviant and adaptive. In this understanding, it is perceived that resistance to change can be perceived by any specific personality traits, evidenced by, diverse and often situational feelings.⁹

♦ Process of reorganization of nurses' work

The process of collective restructuring of the work was the strategy adopted by the nurses to deal with the situation brought about by the change. This subcategory would correspond in a planned change process to the state of the movement or change described by Kurt Lewin, and this can be seen in the nurses' discourse when they quoted that they went to study, and every day they were willing to learn new practices.¹⁰

At the stage of the movement, the agent of change has an indispensable role, because it is up to him to lead people, the group or the organization to construct new values, attitudes and behaviors, through processes of identification and internalization. In the internalization, the members of the organization identify themselves with values, behaviors and attitudes of the agents of the change and with this, they begin to internalize them.¹⁰

Regarding the performance of care and teaching in the process of restructuring the work of nurses, nurses mentioned the limitations during the period of the general

hospital and university hospital. Among them, the limitation of human resources stands out.

The insufficient number of nurses was perceived by the difficulty in performing specific care; The need to cover several sectors and the lack of supervision of Nursing care. The UHWP staff deficit has been a problem since the RHC period, and, is one of the reasons that led to the transfer of the Hospital to the University.³

The insufficient number and the workload of the nurses were also verified in another study¹¹ whose objective was to dimension and evaluate the adequacy of the Nursing professional staff in a university hospital and to reflect on the implication of the personnel dimensioning in nurses' competences performance.

Regarding the nurses' work process, it was verified that, due to the working conditions offered to these professionals, during the period of general hospital and during the period in which the hospital became a university, nurses perform a fragmented care, techniques and the biomedical model.

Regarding the professional qualification, the nurses reported that, at the beginning, there was little institutional investment, and that the search for improvement was carried out, mainly, by their own efforts.

The insufficient incentive for professional qualification and academic activities can be considered a difficult factor for the improvement of nurses' work. In this sense, it is observed that these professionals are inserted in complex scenarios, in which new technologies, equipment and work processes are inserted; Which require the management of knowledge, individual learning, group and organizational, but in practice, there is little institutional investment to meet these demands.¹²

With the transformation of the general hospital into a university hospital, the students were inserted into the daily routine of the nurses. It was verified that, in the first moment, the insertion of the student in the hospital routine generated difficulties in the progress of the nurses' work, since the nurse had to dispense efforts to solve problems and to intermediate situations generated by the new way of working.

What can be understood by Kurt Lewin's own state of the movement when new procedures and new ways of doing things are being incorporated into nurses' work and these changes cause resistance is because people create habits or routines for the performance of their daily work and do not want to leave

the comfort zone provided by their routine activities.¹³ Even, during the period of university hospital, there was an administrative reformulation for the work of the nurse.

This reformulation can be perceived in UHWP at every stage: general hospital, university and teaching. In the general hospital period, the nurses cite two directions and a Nursing head, and do not mention the administrative direction, probably, by distancing the professionals with this board.³

When the hospital became a university hospital, it was noticed that a greater visibility of the nursing, since the position of Nursing direction was inserted in the organizational structure of the institution and, in the beginning, it was occupied by a professor of this institution. The inclusion of the Nursing Course in the nursing management post was a successful action between the hospital Nurses group and the university professors. This partnership was conceived in the teaching hospital proposal and lasts until then.

A study¹⁴ showed that the Nursing direction has a power that is inherent to the position itself and that its professionals recognize and trust the one who occupies this position, since the direction guarantees to the servants representativeness in executive-deliberative matters, it assists in the resolution of problems and directs the work of the category.

The management position at UHWP was pointed out by nurses, as an achievement for Nursing workers and also for the Nursing Course, because, besides guaranteeing a prominent position, it also guaranteed conditions for the development of teaching and research in Nursing.

When the hospital moved to a teaching institution, a new organizational structure was made up of the general, Nursing, administrative, clinical and pedagogical boards. The inclusion of the new positions was a strategy to reorganize the work, meeting the demand established for a teaching hospital.

♦ Nursing work after the change process

The transformation into a teaching hospital allowed a new administrative structure for nurses' work. After the certification of a teaching hospital, the establishment of new positions in the structure of the Nursing service was verified, such as: assistant and managerial coordinators, and this was probably due to the inclusion of Nursing

direction, hiring of new employees and, still, due to the increase of the attendances in the hospital institution.

Nursing also began to occupy administrative spaces that exceeded the limits of the Nursing board, such as, material and equipment management and the quality office, characterizing itself as an important achievement for nursing, as these are strategic spaces in Nursing. Which can provide greater autonomy for nurses' work and improvements in the quality and safety of care.

The administrative functions of planning, organization, direction and evaluation developed by the professional nurse occupies a prominent position in the work of the health team. It is within this context that nurses should support their practice, making use of new management technologies with the objective of being an agent of transformation of the reality of the Nursing Services.¹⁴

With the certification of the teaching hospital, a number of advances, have also, emerged for the **work of nurses**. With the certification of the teaching hospital, it was noticed that the nurses were able to operationalize their Nursing process through NCS; The care in the UHWP is no longer only focused on the biological, since it began to contemplate the other needs of the users: physical, psychological, social and spiritual, since NCS allows the nurse to detect the needs and priorities of each patient, providing a direction for possible interventions¹⁵, contributing to the quality of care provided.

It was, also, the insertion of the work process, to manage or administer, considering, that now, the nurses began to plan their work.

In the managerial dimension, the work object of the nurse involves the organization of work and the human resources of Nursing. In order to develop this process, it is necessary to adopt a set of technical instruments specific to management, such as planning, staffing, continuing / permanent education and others. Media such as, the workforce, materials and equipment, are also used¹⁶.

Working conditions also improved with the teaching hospital. There has been a breakthrough in technology for the hospital, especially, in relation to materials and equipment, such as: computer, catheters, industrialized dressings, more sophisticated equipment.

Regarding the use of technologies, there are a number of advantages to care, such as:

integration and use of data for care and research; reduction of medication administration errors and adverse effects; innovation of professional practice; better targeting of treatment, among others. However, it is necessary to combine a combination of light and hard technologies in order to integrate the humanization of care into technological qualification.¹⁷

The teaching in the institution started to have norms and routines. The process of change was perceived in the HUOP when nurses reported that the teaching became organized, the students were not left alone, the scales were implanted, they know who to report, that is, it was noticed that the period of the movement to change happened, that the new routines were organized and incorporated into the work of the nurse.

At that moment, what has been learned is incorporated into the current practice, becoming the new way that the person knows and performs his work. However, it is not enough just to know the new practice, it must be fixed and inserted in the behavior of the people.¹⁰

With the teaching hospital, investments in professional qualification began. The trajectory traversed by nurses during the transition from general hospital to teaching hospital provided visibility to the nursing professional. With the changes that have taken place in UHWP, the nurses have also been transformed, and have been able to improve their work process in the most diverse aspects. All of these transformations have made nurses visible, in addition to UHWP, making the Nursing service a reference for many others, including, private institutions.

Achieving the professional visibility of nurses can be consolidated in the construction of knowledge and technical skills. In addition, the professional's way of acting, its competence, personal *marketing* and the development of competences aimed at communication with the media, aiming at the dissemination of actions developed in the field of Nursing, are fundamental to establish a positive image of the nurse/profession^{18, 19}. In the case of the UHWP nurses, it is also believed that, the implantation of the Nursing directorate and the occupation of administrative positions by nurses expanded the scope of these activities and their visibility.

CONCLUSION

It is considered that the objective of this study was reached, considering that it was

possible to describe the implications of moving from a general hospital to a teaching hospital, for nurses' work. In the complex process of transformation of the RH into teaching hospital, there were changes that directly affected the work of the professional. However, with all the difficulties experienced, as mentioned by the interviewees, the insertion of the university in the hospital promoted changes that potentiated the nurses' work. In this sense, it was described the expansion of the staff, the creation of intermediate coordination, the qualification of professionals, the promotion of better conditions for work and, fundamentally, greater internal visibility for the work of the nurse, in this case, with emphasis on the creation of the post of Nursing direction and recognition of the work of the nurse by the other professionals of the team. Thus, it was allowed a greater visibility of the work of the nurse in the region where the hospital is inserted.

In carrying out this research, it was possible to record very rich information about the contribution of nurses in the process of transforming UHWP to teaching hospital, as well as, to show the capacity of reorganization of these professionals through a situation of change and its importance for health care at the regional level.

This article is about a single case study research, with this, it is shown its limitation, because it is not possible to generalize the results and analyses described. In contradistinction, recognizing this limitation, the potentiality of this study is evidenced, because it is believed that it is necessary to develop studies on processes of institutional transformations. The reports of these experiences allow us to highlight the specificities of the changes in each scenario and how the subjects involved organized themselves to face such an experience. This will help other professionals to reflect and organize themselves to recognize and face similar situations.

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