



DECISION-MAKING IN THE PROCESS OF NURSES WORKING IN FAMILY HEALTH UNITS

TOMADA DE DECISÃO NO PROCESSO DE TRABALHO DOS ENFERMEIROS EM UNIDADES DE SAÚDE DA FAMÍLIA

TOMADA DE DECISIONES EN EL PROCESO DE TRABAJO DE LOS ENFERMEROS EN UNIDADES DE SALUD DE LA FAMILIA

Aline Alcântara Correia¹, Cesar Cavalcanti da Silva², Eufrásio Andrade Lima Neto³

ABSTRACT

Objective: to verify the state of the art of decision making within the worker process of nurses in Family Health Units. **Method:** exploratory study, descriptive and inferential, quantitative approach, with 70 nurses. The empirical material was obtained by applying structured questionnaire. Data analysis resulted in hypothesis testing, using the software R. It is begun searching after approval by the Research Ethics Committee, CAAE 450/11. **Results:** more than 87% of nurses are based on their professional experiences to make decisions, while less than 37% make use of models proposed in the specialized literature for the performance of this activity; Paradoxically it was found that a percentage greater than 88% had postgraduate studies, where, in theory, this content is worked. **Conclusion:** the work of nursing process in Family Health Units needs to be reviewed from a technical point of view. **Descriptors:** Nursing Services; Decision Support Techniques/Statistic & Numeric Data.

RESUMO

Objetivo: verificar o estado da arte da Tomada de Decisão no âmbito do processo de trabalho dos enfermeiros em Unidades de Saúde da Família. **Método:** estudo exploratório, descritivo e inferencial, de abordagem quantitativa, com 70 enfermeiros. Obteve-se o material empírico mediante aplicação de questionário estruturado. A análise de dados adveio pelo teste de hipótese, utilizando o software R. Iniciou-se a pesquisa após aprovação pelo Comitê de Ética em Pesquisa, CAAE 450/11. **Resultados:** mais de 87% dos enfermeiros baseiam-se em suas experiências profissionais para tomar decisões, enquanto menos de 37% fazem uso de modelos propostos na literatura especializada para o desempenho dessa atividade; contraditoriamente, verificou-se que, um percentual superior a 88% possuíam pós-graduação, onde, em tese, esse conteúdo é trabalhado. **Conclusão:** o processo de trabalho da enfermagem nas Unidades de Saúde da Família precisa ser revisto do ponto de vista técnico. **Descritores:** Serviços de Enfermagem; Técnicas de Apoio para a Decisão/Estatística & Dados Numéricos.

RESUMEN

Objetivo: verificar el estado del arte de la Tomada de Decisión en el ámbito del proceso de trabajo de los enfermeros en Unidades de Salud de la Familia. **Método:** estudio exploratorio, descriptivo e inferencial, de abordaje cuantitativo, con 70 enfermeros. Se obtuvo el material empírico mediante aplicación de cuestionario estructurado. El análisis de datos sobrevino por el test de hipótesis, utilizando el software R. Se inició la investigación después de la aprobación por el Comité de Ética en Investigación, CAAE 450/11. **Resultados:** más de 87% de los enfermeros se basan en sus experiencias profesionales para tomar decisiones, mientras que menos de 37% hacen uso de modelos propuestos en la literatura especializada para el desempeño de esa actividad; contraditoriamente, se verificó que, un porcentual superior a 88% poseían pos-graduación, donde, en tesis, ese contenido es trabajado. **Conclusión:** el proceso de trabajo de enfermería en las Unidades de Salud de la Familia precisa ser revisto del punto de vista técnico. **Descriptores:** Servicios de Enfermería; Técnicas de Apoyo para la Decisión/Estadística & Datos Numéricos.

¹Nurse, Master student in Decision and Health Models, Federal University of Paraíba/UFPB. João Pessoa (PB), Brazil. E-mail: alinealcorreia@yahoo.com.br; ²Nurse, Doctorate Professor in Nursing. Post-Graduate Program Decision and Health Models, Federal University of Paraíba/UFPB. João Pessoa (PB), Brazil. E-mail: rasedprof@gmail.com; ³Statistician, Doctorate Professor in Computer Science, Post-Graduate Program Decision and Health Models, Federal University of Paraíba/UFPB. João Pessoa (PB), Brazil. E-mail: eufrasio@de.ufpb.br

INTRODUCTION

Decision-making involves logical thought, intuition, creativity and experience, and therefore effective when based on scientifically processes suitable for this purpose.¹ The Decision Process, understood as operational deployment of decision making, depends on the personal characteristics of the labor force involved in that process and of the situation that presents itself.² In healthcare and nursing management in practice, decision-making is an important step under the elements that comprise the Work Processes. This category is considered an articulated set of actions directed to the intentional production of something new.³

The work process has three elements articulated among them: the Purpose, the Means or Instruments and the Object. The Purpose comprises the order that guides the activities or actions of the worker, so the Work Process translates into a project intentionally designed and guided by a reality that will determine it from the perspective of transforming a given object of intervention to satisfy a need. In other words, the Purpose is the idealization of the transformation of the Object, put into practice through the interposition of the Means or Instruments between the worker and the Object comes to be all that overlooks workers transform. The instruments stand between the worker and the Object to be transformed in order to lead an activity on this Object, with a view to achieving a particular purpose. So, the Means or Instruments of work are the embodied energy in the process, because this will enable the transformation of the Object through the action of the worker.⁴

The achievement of this research is justified in view of the fact that, in the day-to-day work of nurses, management of people and services under its responsibility is hampered by the complexity of the variables that intervene in the process of work, besides the lack of decision-making processes less bureaucratic.

The specialized literature offers a decision-making process that presupposes knowledge and execution of seven stages, which makes it impossible from a practical point of view to the work of nurses, because, in their daily life, these professionals face hundreds of situations that require immediate and safe solutions.¹⁻²

The absence of specific preparation for the decision-making process among nurses working in Family Health Units (FHU) agrees to Decentralization, one of the organizational

principles of the current health care system. This organizational principle of the Unique Health System (SUS) provides that the closer of a problem a decision is taken, the more chance there is to hit.

The problems derive from the lag between what is expected and what actually happens and, in general, these lags are caused by a change in procedures or working conditions and consequently, the problems are solved with the removal or correction of what brought about the change. The removal of administrative problems or deviations redirection of plans drawn by managers and professionals is always preceded by Decision-making.⁵

Although the Sanitary Districts promote various trainings for qualification of its workforce, the theme of Decision-making is not always prioritized over these trainings and, due to the number of decisions to be taken by these professionals in the FHU be quite numerous, the lack of a specific preparation for this activity leads them to make decisions based on individual experience or technical expertise and may compromise the achievement of institutional goals of the unit.

This research started from assumption that the administrative tools for the fulfillment of the activities of management of nursing professionals have not adapted to the demands of productivity of existing assistance model.⁶ Stems of this gap, the not effective occupation, by the nurse, of the spaces under the administration of people and services under their responsibility.

The object of this research was to study the Decision-making in the processes of nurses working in Family Health Units. It was intended to check the "state of the art" of this Means or Instrument of the working process of nursing within the administrative actions (both personal and service) and enable the optimization of the actions of nurses through a suitable tooling for the specifics of this process.

The indication of a tool that helps the decision making passes necessarily by examination of the "state of the art" of the work process, that is, checking the appearance of the phenomenon in the daily work of nurses in three aspects: social, academic and professional. The "state of the art" can be considered current condition of a phenomenon examined to capture its contradictions, opposing him, dialectically, the past and the future of all.⁷

It is pertinent therefore, to promote more in-depth discussions about these phenomena in order to update the knowledge of the topic and the assumption of legally spaces related to nursing, but little assumed due to the precariousness of the available tools. The promotion of these discussions in line with the requirements of the actual assistance model (SUS) can bring benefits for health services.

OBJETIVE

- To check the state of the art of decision making within the worker process of nurses in Family Health Units.

METHOD

It is an exploratory study, descriptive and inferential statistics with quantitative approach. The study population was composed of 97 Nurses of three existing sanitary districts in Joao Pessoa. The sample was comprised of 70 professionals who have agreed to participate in the study, all of whom were eligible to participate in accordance with the selection criteria. Selection criteria was only public area Nurses in family health units of three sanitary districts (III, IV and V) existing in the municipality of João Pessoa/PB.

As theoretical-methodological support, it was used the Theory of Practical of nursing Intervention in Collective Health (TIPESC), which in its investigative strand foresees passing through five steps: capture of objective reality; interpretation of reality; construction of an intervention project; intervention in reality and reinterpretation of objective reality.

Data collection was performed by applying a semi-structured questionnaire, developed exclusively for this research and composed of 12 objective issues, of which three had spaces for detailed option selected, in order to meet the objectives of the study. By applying a test pilot with 31.75% of 70 professionals, it was

possible to capture, in the view of respondents, three problems which occurred with great frequency in the units related to research:

- a) Lack of human resources to other professions, causing overload in working process and need to assume the responsibilities of these professionals;
- b) Lack of material resources for achieving the unit's daily activities;
- c) Lack of specific training on Decision making, provided by the Secretary of Health, organ to which are linked Health Units, search scene.

From those problems, it was elected the last by the fact of having been the most cited and be directly related to the object of study elected to search. To the knowledge of the "state of the art" of the Decision-making process is the need for knowledge of the social, academic and professional realities of nurses crowded in the family health units search scenario. To this end, it was used inferential statistics techniques to have configured the quantitative approach of the study.

The quantitative approach of the study involved the sample estimate and hypothesis testing, aiming at a statistically representative sample of the population voted for the study and confirmation or denial of the hypothesis related to the proportion of nurses who use tools for Decision-making, respectively.

The amount of units of health of the family, of the three health districts, was entered as calculating the sample size for proportion in finite population, considering error margin of 10 p.p. (percentage points), 0.05 significance level; $Z_{\alpha/2} = 1.96$ and population proportion $p = 0.5$, so as to maximize n . The amount of population and sampling for each Health District is presented in the following table:

Table 1. Population and sample of Sanitary Districts I, II, III, IV e V.

Sanitary District	III	IV	V
Population	53	26	18
Sample	35	21	16

To meet the requirement of quantitative research, regarding the sampling randomness, all family health units of sanitary districts III, IV and V were registered in the Excel software, calculating the probability of those units are drawn. From the value stipulated for each FHU, there was conscription in order of decreasing each according to its weight, by setting in a random sample. After collection,

the unilateral hypothesis test for population proportion using the R software.

The application of hypothesis tests for the inquiry as an instrument for data analysis is important to health research with regard to decision-making taken because the scientific finding acquired through these techniques increase the professional capacity to identify daily problems enabling greater autonomy, particularly of nurses in family health units.

The research meet the assumptions of the Resolution 196/96 of the National Health Council and was referred to the Ethics Committee of the Hospital University Lauro Wanderley, being adopted as the 450/11 Protocol. As a result, the project was transferred to the research sector of the

Municipal Health Secretary of João Pessoa/PB, having been authorized by Management in Health Education.

RESULTS AND DISCUSSION

• Social aspects of Nurses for Sanitary District.

Table 2. Distribution of Nurses in the districts III, IV and V, according to Sex. João Pessoa-PB, 2012.

Gender	DS III	DS IV	DS V
Female	94,28%	90,47%	100,00%
Male	5,72%	9,53%	0,00%

The data in this table favor the perception of a considerable difference in the number of professionals of the family health units related to male and female gender. The amount of female nurses was prevalent in three sanitary districts, with a significant percentage difference. In sanitary District V, the presence of female nurses was unanimous.

Nursing is considered a profession strongly marked by the female gender due historical

and cultural characteristics, being carried out largely by this sex since its origin and remained so to the present day.⁸ The concentration of nurses who work in the public health network of João Pessoa, specifically in family health units, follows the rule that women have a great preference for that profession due to the characteristics of its technical activities, cultural tradition and job opportunity which allows.

Table 3. Distribution of Nurses in Sanitary Districts III, IV and V, according to age group. João Pessoa - PB, 2012.

Age group	DS III	DS IV	DS V
24 --- 40	40%	38,10%	18,75%
41 --- 50	28,57%	38,10%	43,75%
> 50	31,43%	23,81%	37,50%

As the aspect, age group, it was verified a diversity among the three sanitary districts. On DS V, 43.75% have age varying between 41 and 50 years; while 18.75% are 24 to 40 years old and 37.5% are more than 50 years. The average age among the nurses of three health districts of the paraibana capital resulted in

approximately 45 years old. This data shows the occurrence of a group of mature professionals, if analyzed from the chronological point of view, and it is possible that this fact contributes to the decision-making process based only on personal experience and technical skill.

Table 4. Distribution of Nurses in Sanitary Districts III, IV and V according to marital status. João Pessoa - PB, 2012.

Marital Status	DS III	DS IV	DS V
Married	57,14%	66,66%	81,25%
Single	28,58%	9,52%	12,50%
Divorced	11,42%	23,82%	0,00%
Widower	0,00%	0,00%	6,25%
Stable Union	2,86%	0,00%	0,00%

The data on the marital status of nurses working in Family Health Units of three sanitary districts converge in some ways, among them, that most professionals is composed of married people, making a total

of more than 57%. On DS V, with greater prominence observed, 81.25% of professionals are married; 12.50% are single, and 6.25% widowed.

Table 5. Distribution of Nurses of Sanitary Districts III, IV and V according to ethnicity. João Pessoa - PB, 2012.

Ethnicity	DS III	DS IV	DS V
White	54,28%	61,90%	56,25
Mulatto	42,85%	38,10%	43,75%
Black	2,86%	0,00%	0,00%

As regards ethnicity, information has converged with a predominance of white ethnicity in more than 54% of nurses. On DS IV, 61.90% are white, with 38.10% mulattos

and 0% black. The only Sanitary District which recorded the presence of black nurses was the DS III.

The black ethnicity suffers biggest professional limitation when compared to other ethnicities.⁹ this occurs due to the difficulty of access to the higher level of education reflected, probably by racial

discrimination still present in Brazil which is reflected also in the wage issue.

● **Academic features of nurses for Health District.**

Table 6. Distribution of Nurses of Sanitary Districts III, IV and V on the conclusion of Bachelor degree in higher education Institution (IES). João Pessoa - PB, 2012.

IES	DS III	DS IV	DS V
Public	57,15%	42,86%	68,75%
Private	42,85%	57,14%	31,25%

The data concerning the locus of conclusion of interviewees reveal diverging information in three sanitary districts analyzed. On DS V, the number of nurses from public institutions exceeds twice the private institutions. The

occurrence of this is significant given the fact that, in the municipality of João Pessoa, there are seven private colleges and only one public.

Table 7. Distribution of Nurses from districts III, IV and V according to the time of completion of graduation. João Pessoa-PB, 2012.

Time of Completion	DS III	DS IV	DS V
< 5 Years	22,86%	14,28%	0,00%
5 --- 10 Years	5,71%	9,52%	0,00%
>10 Years	71,43%	76,20%	100%

The analysis of the time of completion of the course of Nursing among respondents revealed convergence between the districts III, IV and V, because, most of the respondents held more than a decade. This data corroborates with studies according to which,

the Brazil is experiencing a transition from the industrial society and the knowledge society, shown at the time of preparation of its workforce for insertion in the labor market, which presupposes a virtuous relationship between these two poles.¹⁰

Table 8. Distribution of Nurses of Sanitary Districts III, IV and V by postgraduate achievement. João Pessoa - PB, 2012.

Postgraduate	DS III	DS IV	DS V
Does not have	11,43%	4,76%	0,00%
Specialization	88,57%	90,48%	93,75%
Master degree	0,00%	4,76%	6,25%
Doctorate	0,00%	0,00%	0,00%

Due to graduate, the data showed a convergence between the professionals of the three health districts with regard to obtaining the title of specialization in more than 88% of respondents. The research revealed that there is no graduate nurses on DS V, which has more specialists and masters compared to DS and DS III IV.

◆ **Professional features of Nurses of Sanitary Districts III, IV and v. João Pessoa - PB, 2012.**

In historical terms, the percentage of nurses with specializations increased significantly from the year 2000, estimates that in 2006, approximately 90% of the class already owned one or two specializations.⁹ Current data on the subject are being raised by the Federal Council of Nursing.

Table 9. Distribution of Nurses of Sanitary Districts III, IV and V according to the working time. João Pessoa - PB, 2012.

Working time	DS III	DS IV	DS V
< 5 Years	57,14%	42,86%	12,50%
5-10 Years	31,44%	47,62%	43,75%
> 10 Years	11,42%	9,52%	43,75%

The distribution of nurses, about working time in the Sanitary Districts, proved to be inconsistent in three Sanitary Districts analyzed. On DS III was observed to greater inequality between the percentages, thereby,

more than half of the population of nurses has less than five years of work.

Esses dados refletem, entre outras causas, o funcionamento de novas Unidades de Saúde

da Família construídas nos bairros do Distrito Sanitário III, devido ao maior crescimento habitacional e populacional, a exemplo do bairro Mangabeira, considerado pelo censo de 2010 o maior bairro de João Pessoa com uma população de 75.988 pessoas.¹¹

These data reflect, among other causes, the functioning of new Family Health Units

built in the neighborhood of the Sanitary District III, due to higher housing and population growth, following the example of the Mangabeira, considered by the census of 2010 the largest neighborhood of João Pessoa with a population of 75,988 people.

Table 10. Distribution of Nurses of Sanitary Districts III, IV and V according to training received. João Pessoa - PB, 2012.

Training	DS III	DS IV	DS V
Yes	68,57%	71,43%	93,75%
No	31,43%	28,57%	6,25%

The training provided to Nurses by Sanitary Districts covered more than 68% in three Sanitary Districts. On DS III, 68.57% of the professionals interviewed claimed to have received training related to Public health Programs provided in the Basic Attention. Among the three Sanitary Districts professionals more reported receiving training belonged to DS V with 93.75%.

The Ordinance nº 648 of 2006 approving the National Policy of Basic Attention seal conducting training in health units therefore considers this level of attention to the people

an excellent strategy for the possibility of professional valuation through constant monitoring and stimulation of their formation and training.¹²

The trainings provide better quality services for professionals and familiarity with Health Programs, however, it's worth pointing out that, according to the nurses interviewed, the subjects covered in this type of activity does not prioritize the decision-making.

Table 11. Distribution of Nurses of Sanitary Districts III, IV and V according to the training on decision making. João Pessoa - PB, 2012.

Training on decision making	DS III	DS IV	DS V
Yes	0,00%	4,76%	0,00%
No	100%	95,24%	100%

The data obtained concerning the realization of training whose theme would be Decision-making were converging in three Sanitary Districts surveyed and showed the not approach this theme during the events. In the Sanitary District IV, only 4.76% of the professionals claimed to have participated in courses where the subject was broached.

The work played by Nursing has theoretical contents considered as important as the activities daily practices. Therefore, many institutions invest in the realization of workshops, trainings and personal and professional skills of the workers. However, the topic: Decision-making, remains less priority than others.¹³

Table 12. Distribution of Nurses of Sanitary Districts III, IV and V as use of tool for decision-making during working process. João Pessoa - PB, 2012.

Tool for decision-making	DS III	DS IV	DS V
Model	22,85%	19,04%	37,50%
Competence	68,56%	71,42%	81,25%
Personal experience	59,98%	80,95%	87,50%

The choice of auxiliary tools for decision making during the working process of nurses showed that most respondents on DS V makes use of personal experience between 87.50% of them. While the minority (37.50%) stated to use existing models in specialized Literature for Nursing technical decisions during their work.

The decision making based on empiricism, intuition or creativity are regarded as the most correct by common sense, on the other hand, the decision-making models are tools created scientifically and mathematically these increase the chances of success, giving greater security to professionals in their decisions.^{1,2}

Table 13. Distribution of Nurses in Sanitary Districts III, IV and V as detailing the steps of the decision-making Model that exists in literature among those who reported making use of Models. João Pessoa - PB, 2012.

Model detailing	DS III	DS IV	DS V
Adequate answer	50%	0,00 %	25%
Inadequate answer	50%	50%	75%
Without answer	0,00 %	50%	0,00 %

The data collected among the Nurses of the DS III, IV and V have shown that 50% of the professionals of the DS III, who claimed to use a model to make decisions, explained properly existing steps in decision-making models of specific literature.

For consideration of nurses made use of some model, were accepted answers that

indicate the use of protocols of the Ministry of Health or any existing model in the specialized literature, such as Shewhart Model, Newman Model, Rational decision-making Model and models developed by Nurses of the Family Health Units that provide the Organization of activities that would be performed in the workplace.

Table 14. Presentation of the hypothesis testing (p-value) used in accordance with the decision-making tools reported by the nurses of the DS III, IV and V.

Decision-making tools	Inquired hypotheses	DS III	DS IV	DS V
Model	H_0 : the proportion of Nurses who make use of a model is $\geq 0,5$;	0,0011	0,0044	0,2266
	H_1 : the proportion of Nurses who make use of a model $< 0,5$.			
Competence	H_0 : the proportion of Nurses who make use of its competence to make decisions is $\leq 0,5$;	0,0212	0,0404	0,0122
	H_1 : the proportion of Nurses who make use of its competence as a decision-making tool is $> 0,5$.			
Personal experience	H_0 : the proportion of Nurses who make use of their experience to make decisions is $\leq 0,5$;	0,1552	0,0044	0,0029
	H_1 : the proportion of Nurses who make use of their experience to make decisions is $> 0,5$.			

Significance level (α) = 0,05

According to the statistical data obtained from the hypothesis testing to proportion, according to Table 14, considering the hypotesis presented the three tools in Sanitary Districts verified III, IV and V showed different results (p-value) to the level of significance established. In this way, the data obtained statistically confirmed the use of model as a tool for decision-making by less than half of the population of nurses in two DS of João Pessoa; the professional competence of the respondent is part of the process of work by more than 50% of the population of the study; and the experience is an element considered for decision-making by more than half of the sample surveyed in DS and DS III IV.

CONCLUSION

The survey data revealed aspects of the social, academic and professional nurses crowded in Sanitary Districts III, IV and V of the Secretary of Health of the municipality of João Pessoa.

In relation to the social aspect, it was a significant prevalence of female sex workers, aged between 41 and 50 years old, most of them married and belonging to the white

ethnicity. It was observed a significant lack of professionals who have positioned themselves as belonging to the black ethnicity.

Academically, the sample is from public education institution, though, when the three Districts, there is an equivalence with the private sector, probably by the existence of a large number of private Nursing schools in the municipality. The time of completion of the course is more than a decade and the vast majority possesses postgraduate degrees.

From a professional point of view, working time in the FamilyHealth Units varies between 5 and 10 years, the only exception Sanitary District V, most of whom only works at the institution less than 5 years. As for the realization of training promoted by the Secretary of Health, most of the nurses claimed to have received, although the decision-making theme has not been focus of attention on the part of the organizers.

A decision maker must have some peculiarities, such as: being objective and logical, initially set the problem to be prioritized and have a clear goal and through which specific steps to span consistently for

the use of an alternative that achieves its goal.¹⁴

The difficulty of nurses in pointing out the Decision-making Model in its working process, proven in the search for the missing, incomplete or inappropriate responses, confirms that these professionals are not based on a pre-established Model for this purpose in their day-to-day work. Therefore, we can conclude that the Decision making are made based on the personal experience of the professional and technical expertise, so circumstantial and unscientific.

The test of hypothesis for proportion, satisfying the demands of the quantitative method, could ensure with statistical evidence that Sanitary Districts III and VI, p-value less than the alpha, with 0.05 of significance, the proportion of Nurses who make use of the Model as a tool for Decision-making is less than half of the population under study; the proportions of Nurses who make use of the Competence to carry out a Decision making in three Sanitary Districts are superior to 50% of the study population; and the Sanitary Districts IV and V, with p-value less than alpha indicated that the proportions of Professional Nurses who make use of personal Experience to make decisions of Nursing techniques exceeded half the population researched.

It is contradictory that the nurses of the Family Health Units, scenery of this research, receive technical training provided by technical bodies, but without fundamental content. On the other hand, is not only contradictory to the fact that, having been through specialization courses, these professionals do not exercise a theme, in theory, always alluded to during these courses.

AKNOWLEDGEMENTS

To the Municipal Health Secretary of João Pessoa/Paraíba.

To the Post-Graduate Program in Decision and Health Models (CCEN/UFPB).

To the Coordination of Personnel Improvement and High Level Education-CAPES.

REFERENCES

1. Adair J. Decision making & problem solving strategies. London: Kogan Page; 2007.
2. Chiavenato I. Introdução à teoria geral da administração. 8ª ed. São Paulo: Campos; 2011.
3. Gonçalves RB. Tecnologia e organização social das práticas de saúde: características tecnológicas do processo de trabalho na rede estadual de centros de saúde de São Paulo. São Paulo: Hucitec; 1994.
4. Marx K. O capital: crítica da economia política. 3rd ed. Bauru (SP): Edipro; 2008.
5. Gomes LF, Gomes CFS, Almeida AT. Tomada de decisão gerencial: um enfoque multicritério. 2ª ed. São Paulo: Atlas; 2006.
6. Melo CF, Alchieri JC, Araújo JL. Avaliação da Estratégia da Saúde da Família a partir das crenças de seus gestores. J Nurs UFPE on line [Internet]. 2012 Feb [cited 2012 July 4];6(2):274-8. Available from: http://www.ufpe.br/revistaenfermagem/index.php/revista/article/view/2107/pdf_798
7. Egry EY. Saúde coletiva: construindo um novo método em enfermagem. São Paulo: Ícone; 1996.
8. Martins C, Kobayashi RM, Ayoub AC, Leite MMJ. Perfil do Enfermeiro e Necessidades de Competência Profissional. Texto & contexto enferm [Internet]. 2006 July/Sept [cited 2012 June 20];15 (3): 472-8. Available from: <http://www.scielo.br/pdf/tce/v15n3/v15n3a12.pdf>
9. Universidade do Estado do Rio de Janeiro; Instituto de Medicina Social. Empregabilidade e trabalho de enfermeiros no Brasil: relatório final. Rio de Janeiro: UFRJ; 2006. 130p. Available from: http://wwwobservarh.org.br/observarh/repertorio/Repertorio_ObservaRH/IMS-UERJ/Empregabilidade_trabalho.pdf
10. Pochmann M. Educação e trabalho: como desenvolver uma relação virtuosa? Cad CEDES [Internet]. 2004 May/Aug [cited 2012 June 21];25(87):383-99. Available from: <http://www.scielo.br/pdf/es/v25n87/21462.pdf>.
11. Brasil. Ministério do Planejamento, Orçamento e Gestão [Internet]. Fundação Instituto Brasileiro de Geografia e Estatística. 2010 [cited 2012 June 23]. Available from: <http://www.censo2010.ibge.gov.br/amostra/>
12. Brasil. Portaria nº648 de 28 de março de 2006 [cited 2012 June 23]. Available from: http://bibliotecaatualiza.com.br/cursos/cdas/portaria_648_28_03_2006.pdf
13. Marcon PM. O processo de Tomada de Decisão do Enfermeiro no Processo Administrativo [Dissertação de mestrado]. Curitiba: Universidade Federal do Paraná. Mestrado em Enfermagem; 2006.
14. Robbins SP, Decenzo DA. Fundamentos de administração: conceitos e aplicações. São Paulo: Prentice Hall; 2004.

Correia AA, Silva CC da, Lima Neto EA.

Decision-making in the process of nurses...

Submission: 2012/07/06
Accepted: 2013/10/08
Publishing: 2013/11/15

Corresponding Address

Aline de Alcântara Correia
Rua Marechal Hermes da Fonseca, 367
Bairro Bessa
CEP: 58035-190 – João Pessoa (PB), Brazil