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ORIGINAL ARTICLE

PERCEPTION OF NURSES REGARDING THEIR MANAGERIAL ROLE IN THE HOSPITAL CONTEXT

A PERCEPÇÃO DOS ENFERMEIROS EM RELAÇÃO AO SEU PAPEL GERENCIAL NO ÂMBITO HOSPITALAR

LA PERCEPCIÓN DE LOS ENFERMEROS EM RELACIÓN A SU PAPEL GERENCIAL EN EL ÁMBITO HOSPITALARIO

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ABSTRACT

Objective: to understand the perception of nurses on their managerial role. **Method:** descriptive study with qualitative approach with nurses of a medium-sized hospital. Interviews were carried out with a semi-structured script and the information was submitted to the Content Analysis Technique. **Results:** data were grouped into five categories: nurse profile, nursing management expression and impressions in the hospital context; understanding of managerial competencies; difficulties and interfaces of professional practice; and professional preparation: certainties and challenges. The subjects discussed their daily life and their role as nursing manager. **Conclusion:** we identified that nurses do not clearly possess knowledge about their managerial competencies and their role. **Descriptors:** Health Services Administration; Nursing; Professional Competence.

RESUMO

Objetivo: compreender a percepção dos enfermeiros sobre o seu papel na função de gerente. **Método:** estudo descritivo, de abordagem qualitativa, com enfermeiros de um hospital de médio porte. As entrevistas foram realizadas com um roteiro semiestruturado e as informações submetidas à Técnica de Análise de conteúdo. **Resultados:** os dados foram agrupados em cinco categorias: perfil do enfermeiro; expressão e impressões sobre gerência de enfermagem no contexto hospitalar; compreensão sobre as competências gerenciais; dificuldades e interfaces do exercício profissional; e preparação profissional: certezas e desafios. Os sujeitos discutiram sobre seu cotidiano e sua atuação como gerente de enfermagem. **Conclusão:** identifica-se que os enfermeiros não possuem de forma clara o conhecimento acerca de suas competências gerenciais e de seu papel. **Descritores:** Administração de Serviços de Saúde; Enfermagem; Competência Profissional.

RESUMEN

Objetivo: comprender la percepción de los enfermeros sobre su papel en la función de gerente. **Método:** estudio descriptivo, de enfoque cualitativo, con enfermeros de un hospital de medio porte. Las entrevistas fueron realizadas con una guía semi-estructurada y las informaciones sometidas a la Técnica de Análisis de contenido. **Resultados:** los datos fueron agrupados en cinco categorías: perfil del enfermero; expresión e impresiones sobre gerencia de enfermería en el contexto hospitalario; comprensión sobre las competencias gerenciales; dificultades e interfaces del ejercicio profesional; y preparación profesional: certezas y desafíos. Los sujetos han discutido sobre su cotidiano y su actuación como gerente de enfermería. **Conclusión:** se identifica que los enfermeros no poseen de forma clara el conocimiento acerca de sus competencias gerenciales y de su papel. **Descriptores:** Administración de los Servicios de Salud; Enfermería; Competencia Profesional.

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INTRODUCTION

The labor market has become gradually more demanding and diversified. New technologies and scientific research arise at all times and modify the process and dynamics of health organizations. Professionals need to improve the quality and excellence of the services provided, in order to ensure the most integral and effective care in the daily life of their work. Nursing is inserted in this context, having as challenge the complexity, which involves the work process in the health area. This is because the sector encompasses various professionals, users, technologies, social and interpersonal relationships, forms of work organization and spaces.¹

In view of the new demands of society and the labor market, it is of fundamental importance to prepare the professionals who work in the health area so that they may effectively respond to the demands during the professional exercise. Faced with this and supported by the National Curricular Guidelines (NCDs), undergraduate courses seek to qualify health professionals for the development of skills and abilities considered essential to their training, namely: health care, decision making, leadership, team work, communication, continuing education, administration and management.²

Despite the contemporary world demands, the association between nursing and administration is not considered a recent relationship, but it has rather been initiated since the profession began, marked by the need to organize health institutions, especially hospitals. In its practical dimension, administrative knowledge was institutionalized with the first students of the Nightingale School. This school sought to meet the demand of registered nurses to start new schools, for which they were trained as superintendents. The differentiated training disciplined them to assume the head of infirmaries and the hospitals superintendence.³

Based on the analysis of the law that regulates the nursing professional practice, it is understood that the practice of nursing management in health institutions is considered an exclusive assignment of nurses. The law states in its eleventh article that it is incumbent on the nursing professional to exercise the management of nursing, as well as the service organization and direction.⁴

Administration is considered as a science that bases nursing management which, in turn, is understood as a collective practice between client and health worker and social

subjects in action.⁵ Nurses are professionals who are directly linked to a multidisciplinary team; they are considered a link between the various fields within an institution, acting in both functions, management and care to clients and their families.⁶

It is worth mentioning that despite building knowledge on the managerial process during academic training and having the legal support to act in this role, nurses still experience conflicts and uncertainties in the course of their occupational activity. This is due to the incorporation of managerial functions into their work, which, in addition to the other attributions, generates a dichotomy between what is expected from the professional, in the view of nursing theorists, and what actually happens in their daily life in health institutions.⁷

For the managerial function in nursing, management actions are developed in the different sectors of the hospital, consisting in planning, prediction, provision and control of material and human resources for the service operation. Furthermore, management of care is also included, involving the diagnosis, planning, execution and evaluation of care, through delegation of activities, and supervision, guidance and motivation of the team.⁸

The distinction between management of care and of the unit is considered merely didactic, because, in practice, both must be associated and complementary. Nurses managing the different types of resources should be focused on the care process without overlooking the quality of care provided.

In this context, understanding the managerial function as part of the nursing work process, related to the quality of the care provided, and understanding the singularities that permeate this function, the central questions of this study were: What is the role of nurses in the managerial function? What managerial skills are needed to carry on this function? The present article presents the perception of the managerial function from the point of view of nurses in the hospital context.

OBJETIVE

- To understand the perceptions of nurses on their role as a managers.

MÉTHOD

This is a descriptive study with a qualitative approach.⁹ The research scenario consisted of a medium-sized hospital in the Zona da Mata of Minas Gerais state, considered a private civil association with non-profit nature whose main purpose is to

provide medical-hospital care. This hospital, accredited in October 2013 as a teaching hospital, is considered as a Macroregional reference for care of high risk pregnant women of and Microregional reference for urgency and emergency care.

The subjects of this study were initially 24 nurses; the total number of nurses working at the hospital at the time of data collection was considered. The presence of employment

bond with the institution and acceptance to participate in the research and signing of the Informed Consent Term (IC) were used as condition. The study sample consisted of 22 nurses, because at the time of the invitation, one professional was on vacation and the other refused to participate. Table 1 identifies the number of nurses that compose the study sample and their categories.

Category	Number
Nurse coordinator (NC)	04
Nurse supervisor (NS)	18
Total	22

Figure 1.- Number of nurses according to category in a hospital the Zona da Mata, Viçosa, 2014.
Source: Research data, 2014.

Nursing coordinators (NC) were corresponded to those who perform the function of coordinating sectors, including the Technical Representative of the institution. The other nurses at the hospital were classified as Supervisors (NS), since they are considered as links between coordinators and nursing technicians.¹⁰

Data collection was performed from July to August 2014 through previously scheduled interviews using a semi-structured script. The content of interviews allowed the participants to freely express themselves about the concept and importance of managerial competencies of nurses, their role and daily activities, besides their experience in the exercise of this function.

Upon consent of participants, the interviews were recorded and transcribed in full-length. To analyze the data, we used the content analysis technique of Lawrence Bardin (2011)¹¹, which proposes a sequence for analysis based on the following steps: pre-analysis, material exploration and treatment of results, inference and interpretation. Thus, a floating and exhaustive reading of interviews was initially carried out in order to get familiar with the text and to obtain an understanding of what the subject sought to convey. Thematic selection was then carried out, which consists in identifying the nuclei of sense or semantically similar elements for later categorization.¹¹

The research was developed respecting the ethical aspects according to Resolution 466/2012 of the National Health Council, being submitted for the appreciation of the Ethics Committee of Research (ECR) with Human Beings of the Federal University of Viçosa and the ECR of the research scenario, being approved under CAAE registration 31346414 60005153. Prior to the start of interviews, all subjects were clarified about

the research objectives and signed an IC. To preserve privacy and anonymity, participants were identified by the acronyms NC and NS followed by the Arabic numeral.

RESULTS AND DISCUSSION

◆ Profile of nurses

The research subjects profile was analyzed and showed a predominance of female nurses, totaling 81.8% (18), while the males represented only 18.2% (04). The age of professionals ranged from 24 to 57 years, with a mean of 33.5 years. In terms of training time, there was a wide variation from 06 months to 23 years, with an average of 5.2 years. The time in the coordination of sectors had an average of 2.9 years, with a variation of 20 days to 10 years, within a sector. It is worth mentioning that 54.5% of these professionals are in the sector for less than a year, which indicates a high turnover of professionals in this institution. This rotation can be considered negative for the nursing service management, since the coordination of a sector demands from the professional a period to identify and plan the actions in the short, medium and long term, with the need that actions have continuity.

From the total sample, 18.2% (04) have another job besides the one in the hospital studied, in other levels of health care, and even in other hospital institutions. The working day of most of nurses follow a 12/36h shift, in the case of 54.5% (12) of the interviewees, while the eight-hour weekly regime from Monday to Friday is part of the reality of 45.4% of professionals interviewed.

Regarding professional preparation, including the search for postgraduate, specialization, masters and doctorate courses, only 9.0% (02) have some specialization in the area of management. Although training in the area, especially postgraduations, can

influence the satisfactory performance of activities. No one in the sample had a master or PhD degree. It is noteworthy that 31.8% have specialization in Public Health, although they work in the hospital sector and 27.3% of nurses have more than one specialization, as shown in Table 1.

Table 1. Number of professionals who have a specialization at a hospital institution in the Zona da Mata, 2014.

Specialization	Nº of Professionals
ICU	4
Hospital management	2
Obstetrics and gynecology	1
Labor nursing	3
Public health	7
Urgency and emergency	1
ITC adult and neonatal	3
Neonatology	1
Mental health	1
None	5

◆ Expression and impressions about nursing management in the hospital context

The nurse manager is responsible for coordinating the nursing service and making decisions in order to ensure quality care. It was evident in the speeches that this process permeates actions of the practice, including actions directly related to the management of care and also administrative actions.¹²⁻¹³

Nursing management is a coordinating position and it defines goals, protocols, and routines. It serves to make the service flow (...) it is to schedule the nursing period, to be attentive to the necessary training, the routines that have to be installed, the team[...] if it is working well together, identify the problems of the day and to know how to act before these problems. (NC1)

You act in a coordinated way with your team, you can visualize the problems that your sector may have and give solutions to them (...) you get to develop a differentiated look. (NC10)

The nursing manager is responsible not only for the nursing staff as a whole[...] but for the whole operation of the sector. Besides, they are responsible for training nurses and making the schedule, I have to know how the sector is working. So it's[...] the stuff that needs maintenance, prevention, evaluate some new stuff. (NC2)

Another aspect identified in the interviews was the complementarity and interdependence of the assisting and managing dimensions that make up the nursing work process. Considering care as the guiding framework for nursing actions, it is admitted that the focus of managerial activities developed by these professionals will be the quality of care provided.¹⁴

(...) when we graduate, we think a lot about exercising nursing as caring. And today the market is demanding an administrator as a professional. The professional cannot be the one who only has

the role of caretaker, he has to have the vision of administrator, the one who manages the whole service, the one who also helps to buy, helps to modify his sector, which gives idea, from the change of cabinet, structure, acquisition of materials, equipment. (NS8)

For me, management begins with two meanings: what it is to administer and the care part. (...) And the importance of this is huge, as it reflects on the quality[...] for better health. (NS17)

Care as guiding of management and part of the work in health calls for live work in action, considered as the production carried out through a work consumed at the moment in which it is produced¹⁵. Living work in health is expressed as a process of production of intercessory relationships, the meeting between professionals and users, what also represents health needs.

Work in health has distinct characteristics. It involves assistance, educational, administrative and also investigative actions. However, this division is only instructive and these actions have as fundamental characteristics the complementarity and interdependence. However, this integration of practices, when not planned, often generates an overload for the nurse¹⁶⁻⁷, as observed in one of the interviewees' statements:

So here it is very complicated because it ends up that we do neither the management nor the assistance because there are too many sectors for us to take care. At night, I stay in the female, male, pediatrics, apartment, then it ends up that the part of the management is left a bit aside, while for the assistance, we try to give a brushstroke in everything in order to make it happen. I believe that the management part is actually done by the Technical Manager of the institution, which is the schedule, for example[...] it is the RT that does[...] and it stays there, we try to keep going. (NS11)

The interviewed nursing professionals present an incongruence regarding the recognition of their role and their performance. The process of identification is dynamic, being formed and transformed from the activities and relationships occurring inside and outside the organizations¹⁸. In their basic undergraduate education, nurses have management and assistance as part of their daily activities, regardless of the hierarchy imposed in the institution and the role of technical leader.

◆ Understanding of managerial competencies

The concept of competence contemplates responsible knowledge, which implies

mobilizing, integrating and transferring knowledge, resources and skills in a given professional context.¹²

The COREN of São Paulo in 2009 launched the "Competence Project" which discusses the main competencies that nurses must have to efficiently and effectively perform their function, backed by the DCN. The Box 1 presents such competences and their conceptualization.¹²

Competence	Concept
Leadership	Ability to influence people in order to achieve or overcome the objectives proposed by the institution, investing in professional development and respecting diversities.
Comunication	Ability to use the process by which interpersonal interaction occurs in the sharing of information, knowledge, experiences, ideas and emotions expressed through nonverbal and verbal ways.
Decision Making	Ability to develop a process to choose the best alternative among the existing ones for the adequate solution of situations and conditions arising in the day to day work, based on knowledge and practices, considering limits and risks.
Negociation	Ability to achieve the desired results in relations between parties, using the premise of consensus and knowledge of facts, permeated by ethical, legal and technical-scientific precepts.
Team work	Ability to develop the skill of interacting with a group of people, articulating actions to achieve common goals, respecting individual limits, needs and differences
Interpersonal relationship	Ability to interact with people in a cordial, empathetic and professional manner, promoting an environment conducive to the development of activities.
Flexibility	Ability to adapt to changes, be receptive to criticism and suggestions, revise concepts, keeping focus on institutional goals and preserving the own professional values.
Entrepreneurship	Ability to develop skills to manage and seize business opportunity, invent and to improve processes, in isolation or in the company in which you work.
Creativity	Ability to develop innovative ideas in the aggregation of value to the business, transforming them into actions that facilitate everyday activities.
Sistemic vision	Ability to understand the institution as a whole and the relation existing between the parts that compose it.
Planning and organization	Ability to plan, organize and prioritize the activities to be developed, in the strategic, tactical and operational scope of the institution, leading the actions in order to favor the continuity of work processes and team performance.

Figure 2. managerial competences
Source: COREN - SP. july, 2009. Available in: http://inter.coren-sp.gov.br/sites/default/files/Projeto_Competencias.pdf. Accessed in: 20/08/2014.

It is possible to see some of these aspects in the interviewees' statements, such as "teamwork" and "decision making". However, most of these professionals are unaware of the skills required to develop management in their work process.

Leadership, especially[...] is[...] I think patience, because we're nurses and we're in a hospital, and we see a lot. It's[...] you have to know how to work as a team, I do not remember, by heart[...] but there's a lot involved.(NS4)

You need to have experience, you need to have knowledge, you have to be patient and to have a leadership spirit. (NC1)
Well, the first thing is to have scientific knowledge associated with practice, be a leader, not only a manager, but a leader[...] because sometimes being the boss is a bit complicated[...] you have to walk along with the team. You have to show them, to gain the confidence of the technician, because from the moment you show him that you know[...] you have their confidence (...). (NS9)

I can work very well with boys through friendship. Because they like me and I like them[...] They struggle to do things well. To avoid problems for me or for them. So, I believe that fellowship is essential in nursing. The word team here is very strong! (NS12)

Leadership, listening, patience, education. Because we deal with various types of people, with various situations, right?! Especially here in the ambulatory, because here we play the role of psychologist, social worker[...] and so we deal with everything from the physical to the human.

It's[...] you have to be firm, to know how to work in a team, to make decisions. (NS18).

The term competence conveys the idea of something dynamic. Thus, the concept itself does not consist in something complete, but rather a process under construction¹². In this context, professionals come to understand and unfold these skills and attitudes in the course of their professional practice, from the challenges that arise linked to the execution of management. The development of skills requires continuous learning, highlighting the importance of preparation and constant search for improvement of professionals.

The term leadership was present in 77.3% of the interviews, which is a positive thing, while leadership is considered as an essential characteristic for nursing management and inseparable from management. The plurality of actions that permeate the daily routine of nurses requires the development of leadership competence in order to manage care, meeting the needs of the institution, the staff and the clientele served. It is through this leadership that good management happens.²⁰

Well, the first point is the leader[...] this is difficult[...] to be a leader, to know how to lead, because you need to have a posture, responsibility, respect[...] I think all this will lead to a progressive work. (NS6)

I think they have to know how to be a leader, knowing how to be a leader is essential, because for me, leading is very different from giving orders[...] there is a huge difference! Because the nurses who are leaders, they are leaders. They know how to welcome the whole team at hand, they know how to make all the decisions. (NS16)

When asked about preparation for leadership, many respondents revealed the difference between training and day-to-day practice. They discussed the little emphasis given to the managerial part, and the priority given to activities and skills related to realization of technical procedures. Breaking this dichotomy between care and management is a challenge for Nursing teachers, who should be able to generate in the student a greater mobilization and

articulation between the care and management views.¹²

Planning competency, understood as a way of thinking about actions, organizing, achieving results and achieving established goals²¹, was addressed in the interviews and was found to be non-existent. It can be seen that resolutions and problems are dealt in a timely and immediate manner and, but no planning is carried out.

It depends on the demands of patients who are hospitalized. (NS4)

Normally I take the shift, if I have an event, I'll solve it first, and otherwise I usually solve the sector routine, something administrative[...] transfer, document to be prepared[...] (NS8)

So it's a lot (laughs)[...] there is no pattern. It depends a lot on the day. Normally so[...] if you have any patients admitted, you will do the nursing evolutions, now here in the sector they are implanting the SNA, you will identify, you will register[...] if you are not too hectic, then you have the time to check the cart, look at the cabinets, expiration date, you have the time to make the evolution, check the medical records, audit the medical records.

Here, it depends a lot on demand. (NS13)

The absence of prior planning and the resolution of demands in a timely manner can be seen as negative aspects, since the unpredictability of actions directly affects the assistance and makes it impossible to prevent problems. Planning is a management tool and is a management action of care that occurs through a continuous exercise of making choices and drawing up plans to carry out or put a particular action into practice.²¹⁻²²

♦ Difficulties and interfaces of professional exercise

There is a recurrent difficulty to adjust the number of professionals with the demand in the hospital institutions. The justifications for non-adequacy are based on the budget issue, related to health expenses, and this can be verified in the interviewees' speeches.²³⁻²⁴

The number of professionals (technicians and nurses) is far below what it should be and so the administration does not want to understand that the work is deficient due to a lack of staff and ends up being difficult.

Today the biggest difficulty for me is the lack of skilled human resources, the technicians[...] Lack of professionals too, because the number is not enough[...] and their qualification... Because there is a great turnover, because sometimes the salary is not the best, then it generates turnover and this causes problems to the nurses' performance.

I believe that the money that comes from the SUS is not enough, so the number of employees is very small. (NS12)

There is a shortage of medical specialists and more experienced doctors too[...] Because there are a lot of inexperienced doctors there, they just stay in doubt[...] I get there, and I call the ITC doctor, because I cannot be in doubt when doing such medication (...). (NC2)

We can observe a work marked not only by the quantitative but also qualitative absence in the professional category. However, it is a work marked by high responsibility and individual and collective attributions. Added to this is the sense of frustration reported by many professionals regarding recognition and autonomy:

Our difficulty is to make our work acknowledged, that the administration, our coordination and the doctors coordination, recognize us, our dedication as nurses. (NC1)

I think autonomy, the nurses today, not only here, but I believe that anywhere, they have very little autonomy. Do you understand? And it shouldn't be like this, because we are competent, we study for that. (NS16)

Lack of respect of other professionals (...) (NC1)

In this scenario, the deficiency of human resources should be considered different from the issue of material resources. Contrary to what is thought about public and philanthropic hospitals, the interviewees reported that there is no shortage of material resources in the hospital institution studied.

Material resources do not lack! Even dressings that are very expensive we can order. (NS12)

Everything is wonders[...] everything is fine. I have no difficulties at all. The TR is very good. (NS3)

Furthermore, no conflict or discontent was identified regarding the technical representative, the nursing team and the hospital hierarchy, which demonstrates a teamwork based on freedom and good relationship between these individuals.

I've never had problems with this hierarchical issue, TR, I have no problem with that. With the TR? Wow! Very good! She's been working in the hospital for some time, she's great, so I do not have a problem. (NS10)

The relationship here is very good[...] the girls [nursing technicians] have the freedom to come and talk if they need anything[...] if there's anything wrong. (NS5)

It is believed that this environment can be considered favorable for the exercise of nursing management, based on the establishment of good relationships among

professionals. The institution organization chart and interpersonal relations between professionals directly interfere in the work developed by the nurses, as well as in the care provided to the patients.

♦ Professional preparation: certainties and challenges

Exercising the managerial role is a challenge that demands preparation and a continuous commitment in the daily life. When asked if they feel confident in the position, 95.4% said yes and 76.2% of them stressed that, although they feel prepared, they wish to invest more in their career from specialization courses and they say they lack institutional support for this improvement.¹²

It's ok. I feel prepared. Do you know why? Because for fifteen years I've been working with nursing, and I always liked to be methodical and do things well done. Even if I do not stop for a minute, I know that seven o'clock in the morning I'm going to leave the shift with all perfectly in order. (NS8)
Look, I feel confident, but I think I can still improve. I want a specialization. (NS13)
Prepared? I think I still have to improve, I love the profession so much, but so much that I want to do more[...] You know, I want to do a specialization to give better assistance. You need to learn more, there are new things, every day a different illness appears, a different medicine, a different form of assistance[...] I miss it very much and this is not offered (...) We are not valued as workforce. There is a lack of professional recognition. This is our challenge. (NS17)

It is known that with globalization and the advancement of research, the search for knowledge and professional preparation becomes an inherent process in the career of an individual. A path to this is continuing education, defined as a set of practices aimed at promoting development opportunities for the employees, with the purpose of helping them to act effectively in their institutional activities, besides providing a constant exchange of experiences, involving the whole team and the organization in which they are inserted. The professional also seeks preparation in an environment outside his workplace, through lectures, conferences and other strategies included in the process of continuing education.²⁴⁻²⁵

Regardless of the way to access new information and professional improvement sought, the institution's incentive is fundamental for nurses to better prepare themselves to carry out their activities, giving them more confidence and scientific support, thus improving the care.

CONCLUSION

Nurses deal in their daily life with many challenges related to the provision of quality assistance, as well as developing managerial actions such as being able to organize the service and lead their team. Their performance as managers becomes an indispensable and extremely important tool in their daily activities, as it allow the development of actions that result in a holistic care to the individuals assisted.

It is identified that nurses do not have a clear understanding about their managerial competencies and their role. Despite of this, the term leadership was highlighted during the interviews when participants were asked about the competencies needed to take on the managerial role.

Among the challenges encountered in the nursing service management, the lack of human resources was highlighted in the category, associated to the issue of professional preparation, because although some subjects considered themselves prepared to perform the managerial function, many expressed the desire to undertake specialization and updating courses, highlighting the lack of support from the institution as an obstacle.

One limitation of this study is the portrayal of an isolated reality. Thus, generalization of the results obtained is not possible. However, we believed that from different individualized readings, it is possible to compare the different universes that permeate the nursing practice and propose effective actions.

REFERENCES

1. Fiorentin KB. A gerência de enfermagem e seus desafios de gestão [monografia]. Nova Friburgo NF: Centro Universitário Feevale; 2008.
2. Brasil. Ministério da educação. Parecer CNE/CES 1133/2001. Diretrizes curriculares nacionais dos cursos de graduação em enfermagem, medicina e nutrição[Internet]. Diário Oficial [da] República Federativa do Brasil. 2001 oct 3 [cited 2014 Aug 20]. Available from: http://portal.mec.gov.br/dmdocuments/ce_s1133.pdf
3. Peres AM, Ciampone MHT. Gerência e competências gerais do enfermeiro. Texto contexto - enferm [Internet]. 2006 Set [cited 2017 Abr 17];15(3):492-9. Available from: www.scielo.br/pdf/tce/v15n3/v15n3a15
4. Brasil. Lei nº 7498 de 25 de junho de 1986. Dispõe sobre a regulamentação do exercício da Enfermagem e dá outras providências [Internet]. Brasília, DF;1986. [cited 2014 Aug 20]. Available from: http://www.planalto.gov.br/ccivil_03/leis/l7498.htm
5. Almeida ML, Segui MLH, Maftum MA, Labronici LM, Peres AM. Instrumentos gerenciais utilizados na tomada de decisão do enfermeiro no contexto hospitalar. Texto contexto - enferm [Internet]. 2011 [cited 2017 Apr 17]; 20(spe): 131-7. Available from: www.scielo.br/pdf/tce/v20nspe/v20nspea17
6. Martins EG, Sanna MC. A produção científica sobre administração em enfermagem no Brasil no período de 1947 a 1972. Rev. bras. enferm [Internet]. 2005 [cited 2017 Apr 17]; 58(2):235-9. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034-71672005000200022&lng=en
7. Seixas APR, Silva E, Sauthier M. A importância do enfermeiro no gerenciamento de conflitos entre a equipe de Enfermagem no centro de terapia intensiva [Internet]. In: Congresso Brasileiro de Enfermagem. Anais do 9º Congresso Brasileiro Enfermagem 2009 [cited 2015 May 17]. Available from: <http://189.75.118.68/cbcentf/sistemainscricoes/arquivosTrabalhos/0021.pdf>
8. Segui MLH. Análise da atuação das enfermeiras em um modelo gerencial de unidades funcionais [dissertação]. Curitiba: Universidade Federal do Paraná UFPR; 2010.
9. Minayo MCS. O desafio dos conhecimentos: pesquisa qualitativa em saúde. 12. ed. São Paulo- Rio de Janeiro: HUCITEC-ABRASCO;2010.
10. Weber L, Grisci CLI. Trabalho, gestão e subjetividade: dilemas de chefias Intermediárias em contexto hospitalar. Cadernos Ebape. Br 2010. 8(1):54-70.
11. Bardin L. Análise de Conteúdo. São Paulo: Edições 70; 2011.
12. Rothbarth S, Wolff LDG, Peres AM. O desenvolvimento de competências gerenciais do enfermeiro na perspectiva de docentes de disciplinas de Administração aplicada à Enfermagem. Texto contexto - enferm [Internet]. 2009 [cited 2017 Apr 17];18(2):321-9. Available from: <http://www.scielo.br/scielo.php?script=sci>

[arttext&pid=S0104-](#)

[07072009000200016&lng=en](#)

13. Christovam BP, Porto IS, Oliveira DC. Gerência do cuidado de enfermagem em cenários hospitalares: a construção de um conceito. Rev esc enferm USP [Internet]. 2012 [cited 2017 Apr 17]; 46(3):734-41. Available from:

[http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0080-](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0080-62342012000300028&lng=en)

[62342012000300028&lng=en](#)

14. Hausmann M, Peduzzi M. Articulação entre as dimensões gerencial e assistencial do processo de trabalho do enfermeiro. Rev Texto Contexto Enferm [Internet]. 2009 [cited 2017 Apr 17]; 18(2): 258-65. Available from:

<http://www.scielo.br/pdf/tce/v18n2/08>

15. Merhy EE, Franco JB. Trabalho em Saúde. In: Escola Politécnica de Saúde Joaquim Venâncio, organizadora. Dicionário da Educação Profissional em Saúde [Internet]. 2006. [cited 2014 Nov 20]. Available from:

http://www.epsjv.fiocruz.br/upload/d/Trabalho_em_Saude_ts.pdf

16. Santos JLG, Garlet ER, Lima MADS. Revisão sistemática sobre a dimensão gerencial no trabalho do enfermeiro no âmbito hospitalar. Rev Gaucha Enf. 2009; 30 (3):525-32.

17. Manenti SA, Ciampone MHT, Mira VL, Minami LF, Soares JMS. O processo de construção do perfil de competências gerenciais para enfermeiros coordenadores de área hospitalar. Rev. esc. enferm. USP [Internet]. 2012 [cited 2017 Apr 17];46(3):727-33. Available from:

[http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0080-](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0080-62342012000300027&lng=en)

[62342012000300027&lng=en](#)

18. Helal DH, Garcia FC, Honório LC. Relações de poder e trabalho no Brasil Contemporâneo. Curitiba, Brasil: Juruá, 2010.

19. COREN (SP). Projeto Competências COREN SP. 2009.[internet] [cited 2014 Aug 20]. Available from: http://inter.coren-sp.gov.br/sites/default/files/Projeto_Competencias.pdf

20. Santos MC, Bernardes A. Comunicação da equipe de enfermagem e a relação com a gerência nas instituições de saúde. Rev. Gaúcha Enferm [Internet]. 2010 [cited 2017 Apr 17];31(2): 359-6. Available from:

[http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1983-](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1983-14472010000200022&lng=en)

[14472010000200022&lng=en](#)

21. Lazoni GMM, Lino MM, Luzardo AR, Meirelles BHS. Planejamento em Enfermagem e Saúde: uma revisão integrativa da literatura. Rev. enferm. UERJ [Internet]. 2009. [cited 2015 Mai 5]; 17(3):430-5. Available from: <http://www.facenf.uerj.br/v17n3/v17n3a23.pdf>

22. Santos JLG, Pestana AL, Guerrero P, Meirelles BSH, Erdmann AL. Práticas de enfermeiros na gerência do cuidado em enfermagem e saúde: revisão integrativa. Rev bras enferm [Internet]. 2013 [cited 2017 Apr 17];66(2):257-63. Available from: [http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034-](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034-71672013000200016&lng=en)

[71672013000200016&lng=en](#)

[71672013000200016&lng=en](#)

23. Schmidt DRC, Dantas RAS, Marziale MHP, Laus AM. Estresse ocupacional entre profissionais de enfermagem do bloco cirúrgico. Texto contexto - enferm [Internet]. 2009 [cited 2017 Apr 17];18(2):330-7. Available from:

[http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-07072009000200017&lng=en)

[07072009000200017&lng=en](#)

24. Magalhães AMM, Riboldi CO, Dall'Agnol CM. Planejamento de recursos humanos de enfermagem: desafio para as lideranças. Rev. bras. enferm [Internet]. 2009 [cited 2017 Apr 17];62(4):608-12. Available from:

[http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034-](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034-71672009000400020&lng=en)

[71672009000400020&lng=en](#)

25. Souza RCR, Soares E, Souza IAG, Oliveira JC, Salles RS, Cordeiro, CEM. Educação permanente em enfermagem e a interface com a ouvidoria hospitalar. Revista Rene [Internet]. 2010 [cited 2017 Apr 17];11(4):85-94. Available from:

http://www.revistarene.ufc.br/vol11n4_pdf/a09v11n4.pdf

26. Lazzari DD, Schmidt N, Jung W. Educação continuada em unidade de terapia intensiva na percepção das enfermeiras. Revista Enferm UFSM [Internet]. 2012 [cited 2017 Apr 17];2(1):88-96. Available from: <https://periodicos.ufsm.br/reufsm/article/view/4592/3130>

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