

<http://dx.doi.org/10.1590/0104-07072018006530015>

STRATEGIES THAT CONTRIBUTE TO NURSES' WORK EXPOSURE IN THE MATERIAL AND STERILIZATION CENTRAL

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ABSTRACT

Objective: to identify strategies to promote the recognition and visibility of the nursing work performed in the Central Supply and Sterilization.

Method: qualitative, descriptive research with nurses from a hospital in Southern Brazil, from October to November 2014, totaling 17 participants, data collection was performed through semi structured interviews and discursive textual analysis.

Results: among the strategies, the exchange of experiences between the nurses of the Central Supply and Sterilization department and the nurses of other units were highlighted; Selection of workers was based on the criteria required for the on-site performance and Permanent Education Service, with topics focused on the sector. These strategies have led to changes in the way of perceiving a nursing area, which is still not very visible, although it is essential for the activities performed at the hospital. The visibility of the work performed in the Central Supply and Sterilization department is still distorted, as although the work developed in the sector is considered important by external professionals, many were not aware of the diversity of activities performed or had the specific knowledge required.

Conclusion: the research evidenced the need for the nurses of the Central Supply and Sterilization department to engage, perceive and modify the image of the sector and the way in which the administration of health institutions has been dealing with the advances in the processing of medical and surgical articles.

DESCRIPTORS: Nursing. Work. Sterilization. Nurse's role. Education.

ESTRATÉGIAS QUE CONTRIBUEM PARA A VISIBILIDADE DO TRABALHO DO ENFERMEIRO NA CENTRAL DE MATERIAL E ESTERILIZAÇÃO

RESUMO

Objetivo: identificar estratégias para promover o reconhecimento e a visibilidade do fazer do enfermeiro na Central de Material e Esterilização.

Método: pesquisa qualitativa, descritiva, realizada com enfermeiros de um hospital do sul do Brasil, de outubro a novembro de 2014, totalizando 17 participantes, através de entrevista semiestruturada e análise textual discursiva.

Resultados: dentre as estratégias, destacaram-se a troca de vivência entre os enfermeiros da Central de Material e Esterilização e os enfermeiros de outras unidades; seleção dos trabalhadores, a partir de critérios necessários para a atuação no local e Serviço de Educação Permanente, com temáticas voltadas ao setor. Estas estratégias suscitaram mudanças no modo de perceber uma área da enfermagem, ainda pouco visível, apesar de tão essencial para as atividades realizadas no hospital. A visibilidade do trabalho realizado na Central de Material e Esterilização ainda se apresenta distorcida, pois, apesar de o trabalho desenvolvido no setor ser considerado importante pelos profissionais externos, muitos não conheciam a diversidade de atividades realizadas nem possuíam o conhecimento específico exigido.

Conclusão: a pesquisa evidenciou a necessidade de engajamento dos próprios enfermeiros da Central de Material e Esterilização para se fazerem perceber e modificarem a imagem do setor e a maneira como a administração das instituições de saúde vem lidando com os avanços do processamento dos artigos médico-cirúrgicos.

DESCRIPTORIOS: Enfermagem. Trabalho. Esterilização. Papel do profissional de enfermagem. Educação.

ESTRATEGIAS QUE CONTRIBUYEN PARA LA VISIBILIDAD DEL TRABAJO DEL ENFERMERO EN EL CENTRO DE EQUIPOS Y MATERIALES

RESUMEN

Objetivo: identificar las estrategias para promover el reconocimiento y la visibilidad del hacer del enfermero en el Centro de Equipos y Materiales.

Método: investigación cualitativa, descriptiva, realizada con enfermeros de un hospital del sur de Brasil, de octubre a noviembre de 2014, totalizando 17 participantes, a través de entrevista semi-estructurada y análisis textual discursiva.

Resultados: dentro de las estrategias se destacaron el intercambio de vivencia entre los enfermeros del Centro de equipos y materiales y los enfermeros de otras unidades; selección de los trabajadores, a partir de criterios necesarios para la actuación en el local y Servicio de Educación Permanente, con temáticas vinculadas para el sector. Estas estrategias suscitaban cambios en el modo de percibir un área de la enfermería, aún poco visible, a pesar de tan esencial para las actividades realizadas en el hospital. La visibilidad del trabajo realizado en el Centro de equipos y materiales aún se presenta alterada, pues, a pesar del trabajo desarrollado en el sector a ser considerado importante por los profesionales externos, muchos no conocían la diversidad de actividades realizadas ni poseían el conocimiento específico exigido.

Conclusión: la investigación evidenció la necesidad del compromiso de los mismos enfermeros del Centro de materiales y equipos para hacerse percibir y modificar la imagen del sector y la manera como la administración de las instituciones de salud vienen lidiando con los avances del proceso de los artículos médico-quirúrgicos.

DESCRIPTORES: Enfermería. Trabajo. Esterilización. Rol de la enfermera. Educación.

INTRODUCTION

The Central Supply and Sterilization Department (CME) is a unique unit where patient care occurs indirectly through maintenance, validation and routine control of sterilizing methods and must be assigned to a suitably qualified person.¹ In this scenario, the nursing team performs several important functions for quality care, and nurses are responsible for the management these functions. Declaration no. 424/2012 of the Federal Nursing Council states that the CME nurse is responsible for exercising the necessary tasks to plan, coordinate, execute, supervise and evaluate all stages related to the processing of health products such as cleaning, disinfection, packaging, sterilization and storage of medical and hospital articles, as well as receiving and delivering materials.² CME coordinating nurses also have the responsibility of participating in the dimensioning and definition of the necessary qualification for professionals in the field,^{2,3} because the technical activities require scientific basis, just like other nursing activities implemented in patient care.

Despite the recognition of nursing as a profession, and the appropriation of scientific knowledge to support nurses' actions and the constant search for higher quality care, there was a fragmentation in the historical process of the profession between direct care and indirect patient care, that is, between care itself and its supervision, organization and administration, making the nursing work process in CME acquire practical dimensions that were not limited to direct patient care.⁴

Nurses' work is visualized by the patient in the hospitalization units, provoking an exchange of emotions and recognition. The work in CME must

be constantly reflected and dialogued by the work team and presented to other sectors of the institution in order to be recognized and not become invisible. Thus, the difficulty of making the work process visible in CME causes professional discouragement and negatively reflects the quality of the indirect assistance provided.⁵

Management is performed by the nurse in CME, not only because of their training or because of legislation that regulates their professional practice, whenever there is a nursing team to coordinate, but because of their knowledgeable regarding the details, the context and the need for medical-surgical articles,⁶ as well as having the ability to overcome the process of alienation from routine work. This responsibility of the nurses' work and their managerial capacity in CME needs to be visible and recognized by other workers, as although they recognize the importance of CME for the development of hospital activities, they still have difficulty identifying the specificity of the nursing work in this sector. The work of the nurse in routine maintenance, validation and control of sterilizing methods, and in the qualification and identification of the needs of the team regarding their doubts about the work process in the CME ensures the effectiveness of the processes, as well as contributing to the prevention of hospital infections.⁵ The phenomenon of professional visibility emerges in the manifestations of technical-scientific knowledge, and on the part of the nurse, in the participation in the decision making regarding the patient and/or in the management of the unit and in a humanized way of caring.⁷

In view of the above, the following questions were defined as guiding research questions: Is there recognition and visibility with respect to what the

nurse does in CME? What strategies contribute to the visibility of the nurses' work in CME?

Considering the importance of the nurses' work in CME and the need to give visibility to their work, which is essential for the control of hospital infections and to promote a quality and humanized care to society, the objective was to identify strategies to promote the recognition and visibility of nurses who work in the CME.

METHOD

This is an exploratory, descriptive research performed in a philanthropic hospital in the extreme South of the country. There were 17 study participants who were selected for convenience, and according to their adherence and interest, they included: six CME nurses (C1,... C6), five from the Surgical Unit (UC) (U1,... U5), as they had the highest consumption of CME materials, among other units, and six nurses from the Surgical Center (CC) (CC1,... CC6), who are frequently in contact with the CME nurses, requesting materials for surgeries. As the researcher is a nurse from the CME, her experience made it possible to perceive that UC and CC had greater contact with CME professionals than with other units of the hospital, allowing greater clarity to evaluate the visibility of nurses' work in this area.

Professionals from other units and nurses who were on any type of leave were excluded from the survey. The data were collected from October to December 2014, after the approval from the Health Ethics Committees, under Opinion 016/2014, from the *Caridade Santa Casa do Rio Grande* and Opinion 159/2014, from the *Universidade Federal do Rio Grande*. The research received the Certificate for Presentation for Ethical Consideration under no. 35695314.4.0000.5324.

Semi structured interviews were used and conducted individually in the same sector as where the participants worked in order to provide privacy to the participants and lasted approximately one hour each. The questionnaire contained closed questions in order to characterize the participants as well as open questions, such as: Do you consider that the work of the nurse in CME has the same visibility as other sectors? What factors do you consider visibility depends on? What factors are involved? And, based on manifestations related to the low visibility of the work of the CME nurse, possible strategies which could increase the visibility of the work of the CME nurse were explored with the participants.

The data analysis was performed through a discursive textual analysis, which is an analysis modality for qualitative data with the purpose of generating new understandings of phenomena and discourses. This analysis was carried out between two extremes, content analysis and discourse analysis.⁸

The data analysis process was organized into four focuses: disassembling the texts, through the involvement and impregnation with the content of the interviews (*corpus*), and the deconstruction and unitization of the texts resulted in their fragmentation and the search for meanings in their details, creating units of meaning which were defined according to the purpose of the research; relationship establishment, which consisted of the categorization process, through the approximation of the units of meaning, comparing them and grouping the elements by similarity with the construction of four categories; The new emergence is characterized by the production of a metatext, which allows description and interpretation of meanings constructed from the *corpus*, i.e., there was an effort to express intuitions and the production of new understandings regarding the investigated phenomenon from the emerging voices in the analyzed texts; A self-organized process, or rather, an emerging understanding that began with the deconstruction movement of the *corpus*, following the end of the analytical process, with the emergence of new understandings, in which it was possible to capture the new emergent, establishing a process that resulted in strategies that contributed to the visibility of the nursing work in the CME.⁸

RESULTS

During the research it was identified that the visibility of the nurses' work can be effected in the absence of knowledge regarding the work performed in the CME; The lack of appreciation of the work of the CME nurse, providing indirect assistance with the patient; the absence of criteria for selecting employees and the allocation of workers with health problems and/or physical limitations, as well as the staff rotation in the sector; the lack of permanent education focused on the activities developed in CME and the lack of awareness of their work and the interdependence with other sectors, causing internal problems in the CME.

The participants' reports identified factors that effected the visibility of the nurses' in the CME, and presented strategies which could contribute to this visibility. According to the identified strategies, four categories were constructed: exchange of experi-

ences among workers; selection of professionals to work at CME; permanent education (PE) as a strategy for visibility and dissemination of the nurse's work; communication and technological innovation as facilitators of the visibility of the nursing work.

Exchange of experiences among workers

From the reports of the participants, it was noticed that there was a lack of knowledge on the part of the professionals working in other units of the hospital regarding the work of the nurses who worked in the CME and vice versa:

[...] the unit nurses should do a rotation within the CME, they could spend a week here to get to know what happens here in the CME [...] if there was a problem with a CME nurse and they needed to call someone from the unit, they would know how to work here. We aren't seen as professionals, because we don't take bloods, or perform CPR on patients, we do not have contact with the doctor, people think that those who work here do not have skills or critical thinking (Nurse C6).

In this report, the participant emphasized the importance of the exchange of knowledge between nurses from the CME and other units in order to improve the knowledge of the activities performed in the mentioned sectors, promoting the visualization of the final product of the work of all the professionals involved.

In CME, we have to have a lot of knowledge about instruments and, if you had previous experience in a surgical block, maybe in that way (Nurse C1).

To see how things are done here in this unit, because we do things one way here, and we try to suit, as it's better for them, to dispose the material [...] (Nurse C5).

The nurses at UC and CC also believed that the exchange of nurses' experiences in different sectors could provide insight into the importance of the work and the difficulties of each sector, bringing improvements to this interdependence with the CME: *I would like to know how the CME works and it would be important for the CME nurse to know how the surgical block works, it was to be a little there and a little here, because they understand their side and we understand ours. [...] I would like to learn, because I know that there is the sterilization process, the autoclaves, everything that has to be washed, but I need to know the routine of how things are done, step by step (Nurse CC3).*

I believe we should all get to know the CME, because we don't really know what they do, and we talk about it without really knowing or understanding [...] (Nurse U3).

Selection of professionals to work at CME

One of the suggestions highlighted by the participating nurses was the possibility of performing a specific selection of professionals to work at the CME, considering their personal and professional priorities; their capacity to work in the closed sector, as well as having specific knowledge to develop the work in CME and the option to work with material processing. In the interviews, some nurses pointed out that they identified with the work done in the place, while others reported that they would not work in CME: *I always wanted to work at CME, because I like the administrative side more (Nursing C5).*

I would not like to work at CME, because I like patient care more [...] the question of being a totally closed sector, being closed in that sector, I don't think I could be in such a sector (Nurse U1).

I would work, but it would not be like caring for patients, we would not have that contact with the patient, the happiness, because today I see birth to death in my sector,, I see all the human processes of health [...] I would miss it if I were removed, but it would be a differential opportunity for me [...] (Nurse CC6).

Another issue emphasized by the participants was regarding the qualification of the worker, through the specific knowledge required to work in the CME, as well as the physical conditions necessary to meet the particularities of the sector. Participants believed that this was a prerequisite for processing materials, providing visibility to the work developed there: *The CME has to be fully working in order to meet the needs of the hospital [...] it has to have qualified professionals and remove that idea of the professional who cannot work with the patient, who is sick, because we work with heavy material here, with boxes that weigh more than 15 kilos (Nurse C6). [...] the professionals who work there cannot be professionals who do not fit into other sectors, like, "I'm pregnant and I can't lift or carry extra weight, so go to the CME." The older staff who have health problems and go to the CME, this cannot happen, as it has been happening for a while [...] this has been decreasing, in CME there have to be people who want to do the right thing and who are capable and healthy to do the work (Nurse CC1).*

Permanent Education (EP) as a strategy for visibility and dissemination of nursing work

EP focused on the themes related to nursing work performed in the CME and was one of the fundamental strategies indicated by some nurses from the three surveyed sites. This strategy was aimed at

the valorization and visibility of the nursing work in the CME, as well as to provide knowledge about the materials processing system to the nurses who do not work in that department: *I think there should have been training for the CME nurses, because the nurse usually goes in there and is already given the responsibilities of a nurse, their training is on a day to day basis* (Nurse CC3).

There is no disclosure of the work in the CME, it is very hidden away, they give lectures on neonatal patients, burns, no one does training here. If you are in CME and want to specialize, search for courses, you have to go looking (Nurse C2).

Another strategy highlighted would be the presentation of the activities carried out in the CME to the other sectors of the hospital, because, in the view of the participants, these strategies could help the visibility of the nursing work and promote recognition and cooperation between the sectors. According to the participants this disclosure should start from the nurses of the CME in partnership with the EP of the institution:

I think it is important for the Permanent Education of the hospital to show what the nurses do in the CME, not only on the Nursing Study Day, which is once a year, but it should always be shown, to show how important each role is, working as a team when they send the material, to for each nurse to be clear about their role as a professional (Nurse CC5).

The nurse can carry out a permanent education regarding their internal product, know the materials, know the companies that offer materials, because, in an emergency in the surgical department,, the person who works there should know how to inform me (Nurse CC6).

It should be more talked about, in recent times it has been more talked about and demanded, because in the past was CMW was not required (Nurse U5).

Dissemination of the work of the CME would help improve the visibility (Nurse C2).

Communication and technological innovation as facilitators for nursing work visibility

The visibility of nursing work can be favored through interpersonal relationships and effective communication between CME workers and other sectors of the hospital, which some CME nurses believed was already happening positively: *I think the CME nurses could have more contact with the units, sometimes come to the units, introduce themselves, be open and receptive to any doubts or suggestions, this is a way to be appreciated more* [...] (Nurse U2).

I think the CME and the Surgical Block could work together more, I think it is very divided [...], there is very little communication from the nurses from the Block with the CME, there are things that change and sometimes not all the nurses here on the block know about these changes ... that could improve, I think the work would go more smoothly (Nurse CC4).

The implementation of new technologies that allow the monitoring of processing time and the traceability of the material was evidenced as a strategy that could help in the visibility of the work, however this depends on the cooperation of other services in order to be implemented.

There is no effective traceability process in here, it's all done by annotation. If there was a digital form, using a computer would be much more practical to identify how much was produced, how much was washed, what time did the box arrive in the CME and how long it took to wash, dry, autoclave, and how many times it went up to the CC unit (Nurse U4).

Technological investment would help in the production and the internal routine of the workforce. [...] equipment, new workbenches, today we go to conferences and we see workbench technology that we do not have here [...]. Each nursing technician has a workbench, does his work, and this mobile workbench can be taken to the autoclave. This is beneficial to the health of the workers as it doesn't force the back which means there will be less employees on sick leave (Nurse CC6).

DISCUSSION

Some nurses from the Surgical Unit and the Surgical Center who had already known the CME internally found it easier to talk about the work done by the nurse in the department, reporting that this experience would be fundamental in providing knowledge regarding the activities and the specific work of the professional, as well as the scientific responsibility that this work represents in the hospital context.

Nurses who did not know the work dynamics of CME presented difficulties in reporting the work done by nurses in the CME department and they also presented difficulties outlining strategies that would enhance this work. The coexistence of nurses from the different sectors could bring them closer and help them to understand the work in this particular department, which could result in improvements in the quality of the material provided, their conscious use and performing measures that could favor the organization, management of materials and the dynamics of the work in the CME.⁷

According to the reports of the nurses, it is necessary to know and understand the work of the CME, as well as in the other sectors of the hospital. However, this is not the reality present in the institution. One strategy for visibility would be the annual Nursing Study Day, in which nurses interested in participating, present some work related to nursing, which is usually linked to their sector. Another finding is that the experience in CME is very compromised, because the organization of work restricts the team displacement, reducing the possibility of interaction with a larger number of people and other sectors in the institution.⁴

Although some nurses from the UC and the CC showed interest in getting to know the work of the CME, they reported that they would not like to work in the sector due to the lack of direct contact with patients. The exclusive work with materials and the lack of direct contact with the patient are not yet a valued practice, possibly because the CME is still linked to dirty materials, unprepared professionals, unhealthy environment and work overload.⁵

Thus, in order for the nursing work to become visible and recognized, it is necessary to demonstrate that the work in a CME is not limited or simple, but in fact requires specific knowledge. In addition, the nurse needs to be committed and be responsible for the organization, replacement, cost reduction and management of medical-surgical materials, and aim to reduce perioperative costs in which excessive sterilization of surgical instruments is often unnecessary.⁹

The nursing work in this sector provides more autonomy, as they don't take orders from the medical team, but requires that the nurse adopts preventive and control measures, through the establishment of programs directed exclusively to the control of hospital infections. Thus, the continuous improvement of disinfection and sterilization techniques improves the understanding of the implications of surgical instrument management.^{7,10}

Historically, the criteria for the selection of the professionals to work in the CME, did not seem to be based on the competences of the workers to work in this sector, thus evidencing a factor that impairs the visibility of the work in the CME. Thus, it is well known that some professionals are allocated to this sector due to pregnancy, difficulties in relationships with co-workers, health problems and old age, among others.⁴ It is known that when many health institution administrators are faced with the need to offer immediate and safe assistance to patients, the available human resources are consulted and

the administrators are often obligated to choose employees from the care units, to the detriment of those not involved in direct care to the patient, as it is forgotten that patient safety also depends on the quality of the processing of the medical-hospital articles.⁴

Due to this, some CME nurses feel uncomfortable with this commonly adopted profile that they are given. Therefore, the specific selection of workers, which observed the necessary potential to work in the CME, was presented as a strategy that could contribute to the visibility of nursing work. In this perspective, the absence of criteria for the selection of workers implies the nurses' commitment as it is necessary to provide more time to train these professionals. The fragility and lack of preparation of some professionals can overwhelm other workers, causing disagreements, employee turnover and repercussions in production and negative work visibility.¹¹

Therefore, some CME nurses and hospital units referred to the need for specific selection for the exercise of the activities in the sector, which considers employee preferences, recognizing that CME is an industry that requires physical strength, agility, learning ability, specific training, teamwork and commitment to the responsibility of processing materials. Workers are exposed to heavy, contaminated materials and high temperatures in this sector and it is a high risk environment for professionals with health problems, advanced age and for pregnant women. It is possible that during the selection process for CME workers when carried out on the basis of defined criteria, which respects the preferences of the workers, avoids staff turnover, and promotes their personal and professional satisfaction and avoids worker health problems.

Another strategy highlighted by the participants was the need for the institution to invest in the Permanent Education Service in order to improve the worker's skills, so as to contemplate the specificities of the work process developed in CME. PE develops the worker's ability to learn how to learn, to become aware of their needs and to perfect the technical skills needed in the work in the CME. The search for new knowledge, competence and refreshing current knowledge is essential to ensure the survival of both the professional and the profession itself.¹²

One of the strategies that could be implemented by the EP is the implementation of the determinations recommended by RDC n^o. 15, from which the professionals that work in the CME should receive

specific and periodic training in the following topics: classification of health products; basic concepts of microbiology; transport of contaminated products; cleaning processes, disinfection, preparation, inspection, packaging and sterilization; functioning of existing equipment; monitoring of processes by chemical, biological and physical indicators; traceability, storage and distribution of healthcare products; maintenance of product sterility, as well as notions of costs, occupational health, among others.^{4,6}

With regard to the work performed in the CME, the workers considered that the Permanent Education Service could assist in the dissemination, but should start from the initiative of the CME's own nurses to obtain more institutional support. It is possible that the support of the Permanent Education Service and the institutional support could provide more confidence to the worker and could contribute to their interest in that work, making it easier to promote and incentivize the work performed in the CME. When the work is performed in safe conditions, it promotes the sense of well-being which favors human relations and the work process, and such is reflected in the improvement of the nursing care provided and, consequently, in the quality of life of nursing professionals.¹²

Nurses also emphasized the need for effective interpersonal relationships by communicating with each other, which is an important strategy in the promotion of the visibility of nursing work. Other positive factors which must be remembered include, the *endomarketing*, which is characterized by internal marketing strategies that guarantee the motivation of the professionals with knowledge and technical ability, so that they remain in the institution. This contributes to the CME team being more confident and proud of its activities, transmitting positive feelings to the hospital units.¹³

It can be affirmed that the CME is configured as a unit that has a different work process and a specific area of action for the nurse, who uses scientific and technological knowledge for the coordination of work, which aims for a connection with the hospital units and the support units of the hospital institution, characterizing an interdependent relationship. It is possible that the exchange of experiences between CME workers and hospital units makes them be aware of the need to mobilize and articulate in favor of the use of instruments that demonstrate the complexity of work and qualify the work, such as the deployment of new technologies.¹⁴

It would also be important for participants to maintain the safety of the sterilization quality control process, which depends on the correct choice of the sterilization methods involved, such as steam and vaporized hydrogen peroxide, as well as tests with chemical biological and physical indicators.

Some of the nurses reported the urgency for changes in the environment, such as the acquisition of equipment and workbenches that resolve ergonomic issues, which significantly contributed the increase of productivity. Another aspect evidenced was the need to implement a material traceability program in the CME that would allow greater control over the material going to the CC, allowing nurses to identify needs, rethink and elaborate actions and optimize their time better, as well as detect failures in material sterilization, such as contaminated materials or damaged packaging, and correct them before being used on the patient.^{14,17}

The use of technology is not limited to the use of equipment, as it turns to the coherent organization of activities, so that they can be systematically observed, understood and socialized. Although it includes the use of means as components, technology must be seen as the systematic set of procedures that make it possible to plan, perform and evaluate the work process.¹⁴ In one report it was stated that the use of suitable workbenches and furniture would provide better health conditions for the worker, as it would mean they would not need to force their spine and it would help to avoid overcrowding.

The interviewees considered that the CME is a highly demanding environment, which requires the worker to be physically and mentally capable for the development of activities in all areas, as medical and surgical articles must be processed in a skilled, fast and qualified manner so that they be distributed to the hospital units.¹⁸

CONCLUSION

The visibility of the work carried out in CME is still distorted because, although the work in the sector is considered important by external professionals, many are not aware of the diversity of the activities carried out in CME or of the specific knowledge required. The view that some external professionals have of the work developed in CME, which, according to them, does not require skill and critical thinking, did not follow the historical evolution of material processing, which has been demanding specific qualification in the face of technological and sanitary changes and, more specifically,

requires the managerial and educational ability to provide security at all stages of processing, and thus avoiding hospital infection. This study allowed the construction of strategies that can promote the visibility of nursing work in the CME, such as: visibility built through a practice based on scientific knowledge, aided by the exchange of experiences between nurses in the sector and hospital units; permanent education focused on the processing of materials; selection of workers with qualification and interest in working in the unit; effective communication with external units; dissemination of the work done on site; institutional support through technological investment and recognition of the relevance of the activities performed in CME.

Visibility can be achieved through strategies that are mostly simple, evidencing the need for the CME's own nurses to perceive and modify the image of the sector. Thus, it is possible to achieve recognition and institutional support, aiming not only for the good performance of the work of all staff, but also promoting changes in the way of perceiving an area of nursing still not very visible, however essential for the activities performed at the hospital.

This research gives evidence that there is a need to investigate how the administration of health institutions is dealing with advances in the processing of medical and surgical articles, as institutional support is essential for the proper functioning of CME.

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Received: February 21, 2017
Approved: May 04, 2017

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