

# Profile and positioning of the nurse manager regarding to the nursing process

*Perfil e posicionamento do enfermeiro gerente quanto ao processo de enfermagem*

*Perfil del enfermero gestor y su posición en el proceso de enfermería*

Elizabeth Vasconcelos Trigueiro<sup>1</sup>  
 José Eugênio Lopes Leite<sup>1</sup>  
 Dândara Nayara Azevêdo Dantas<sup>1</sup>  
 Alexsandro Silva Coura<sup>1</sup>  
 Bertha Cruz Enders<sup>1</sup>

1. Universidade Federal do Rio Grande do Norte. Natal - RN, Brazil.

## ABSTRACT

**Objective:** To identify the socio-demographic profile and positioning of nurse managers about the implementation of the Nursing Process in the hospital and correlating education and work features of those nurses with their opinions about the implantation of the nursing process in question. **Methods:** Descriptive study, quantitative, conducted in 2011, in eight public hospitals in Natal/RN, with 45 nurse managers that answered a questionnaire about social characterization, education and work, and the positioning about the implementation of the method in the hospital. The Chi-square tests, Fisher and Contingency Coefficient were performed. **Results:** The managers were women (91.1%); formed in public institutions (97.8%); had postgraduate (84.4%); worked 0.05. **Conclusion:** In this study, the managers were favorable to the implementation of the Nursing Process. However, this position was not associated with the features of education and work.

**Keywords:** Nursing process; Professional practice; Human Resources Formation.

## RESUMO

Objetivou-se identificar o perfil sociodemográfico e posicionamento dos enfermeiros gerentes sobre a implantação do Processo de Enfermagem no âmbito hospitalar, correlacionando características de formação e trabalho desses enfermeiros com suas opiniões acerca da implantação do processo de enfermagem em questão. **Métodos:** Estudo descritivo, quantitativo realizado em 2011 em oito hospitais públicos de Natal/RN com 45 enfermeiros gerentes que responderam ao questionário sobre caracterização social, formação e trabalho, e o posicionamento quanto à implantação do método no hospital. Efetuaram-se os testes Qui-quadrado, Fisher e Coeficiente de Contingência. **Resultados:** Os gerentes eram mulheres (91,1%); formadas em instituições públicas (97,8%); tinham pós-graduação (84,4%); e trabalhavam, 0,05. **Conclusão:** Neste estudo, os gerentes foram favoráveis à implantação do Processo de Enfermagem. Entretanto, esse posicionamento não apresentou associação com as características de formação e trabalho.

**Palavras-chave:** Processos de enfermagem; Prática profissional; Formação de recursos humanos.

## RESUMEN

**Objetivo:** Identificar el perfil socio-demográfico y el posicionamiento de los enfermeros gestores sobre la aplicación del Proceso de Enfermería en el ámbito hospitalario y observar la asociación entre características de formación y laborales de ellos. **Métodos:** Estudio descriptivo, cuantitativo, realizado en 2011 en ocho hospitales públicos de Natal/RN con 45 gerentes de enfermería, que respondieron a un cuestionario sobre caracterización social, formación y trabajo y posicionamiento cuanto a la aplicación del método. Se efectuaron los testes Chi-cuadrado, Fisher y Coeficiente de Contingencia. **Resultados:** Los gerentes eran mujeres (91,1%) formadas en instituciones públicas (97,8%), tenían postgrado (84,4%) y trabajaban (0,05%). **Conclusión:** En este estudio, los gerentes fueron favorables a aplicación del Proceso de Enfermería. Sin embargo, este posicionamiento no se asoció con características de formación y trabajo.

**Palabras-clave:** Proceso de enfermería; Práctica Profesional; Formación de recursos humanos.

### Corresponding author:

Elizabeth Vasconcelos Trigueiro.  
 E-mail: elizabethtrigueiro@yahoo.com.br

Submitted on 01/10/2013.  
 Resubmitted on 09/02/2013.  
 Accepted on 09/09/2013.

DOI: 10.5935/1414-8145.20140050

## INTRODUCTION

The Nursing Process (NP) guides the professionals to take decisions, to predict and assess the results of the actions of caring. It constitutes a deliberate intellectual activity, whereby assistance actions are addressed in an orderly and systematically way, providing a better direction to the nurses work, in addition to serving as a way to evaluate the quality of care professionals<sup>1</sup>.

As an own methodology of nursing, this process must be developed in all environments where the nurse perform the care, public or private. Its legitimation enables through the Law of Professional Practice nº 7,498, 1986, Art. 11, paragraph c, which stipulates as private activities of nurses the planning, organization, coordination, execution and evaluation of nursing services and by resolutions 358/2009 and 272/2002 of Federal Council of Nursing under the denomination of Systematization of Nursing Care (SNC)<sup>2</sup>.

However, this regulation is not being fulfilled by the institutions of the nurse work<sup>3</sup>, since in some regions of Brazil, among them the State of Rio Grande do Norte, this method is not part of the everyday work of some nurses.

There are difficulties for its execution, involving the deficiency of resources, aspects of work process and, mainly, the nurses' own features, such as professional education and knowledge of these about the NP. In this issue, there are identified some important factors for the implantation of the NP, including the valorization for the nurses and health institutions, as well as their position on the organization<sup>4</sup>.

Thus, it is considered that the nurse manager constitutes a fundamental actor in the development of this process in the hospital institution, since he is the responsible for the coordination of nursing services, standardization and qualification of assistance so that it is possible to evaluate and re-evaluate the actions, always aiming to the quality of care. In addition, he is expected to enter an articulator and integrative character, as plans and evaluates the care assistance from the needs of customers and the team<sup>5</sup>.

In this context, it is believed that the development of the work process is done by the integration between methods that guide the quality of the service, motivation and performance of the worker, and their perceptions and judgments about a particular method<sup>6</sup>.

Profile means the description of some basic features of a person and/or the concise and formal information on the life of someone<sup>7</sup>. Thus, it is believed that socio-demographic features of education and work of nurses managers are factors that can integrate a profile that influence positively the behavior of these professionals about the use of NP in the context of care and may assist in promoting the institutionalization of this methodology in hospital nursing practice. But, when that profile is out of rhythm with the needs of working environments for the implantation of NP, it may not contribute to a favorable position.

Therefore, on the assumption that the aspects of the process of work and professional education can difficult the achievement of NP, the objective in this study was: 1) To identify the socio-demographic profile and the placement of nurses managers on the implantation of the nursing process in hospital; and 2) To verify the existence of association between the features of the education and work of nurses and the placement about the implementation of the nursing process.

The study is justified by the lack of scientific literature identified about the involvement of the manager in use, or in the implantation of NP in the service<sup>5</sup>, and the lack of knowledge that indicate what might be interfering in NP deployment and in the Brazilian institutions of health<sup>5,6</sup>.

## METHODOLOGY

This is a descriptive study with quantitative approach, held in the months of June to December of the year of 2011, in eight public hospitals of the city of Natal/RN, Brazil. Of these, four are general hospitals located in the capital and belonging to the public network and four members of the Hospital Complex of the Federal University of Rio Grande do Norte (UFRN).

The study population was composed of 47 nurses that develop activities of management, leadership, direction or coordination of nursing, in the eight public hospitals surveyed. The eligibility criterion was: to be professional that do not exert management activity as teaching/learning action.

Due to the number of managers identified in population and because consider them accessible, it was decided that all 47 would be part of the study. However, one manager refused to answer the questionnaire and one questionnaire was disregarded, because of not answering the demands of filling. Thus, the study subjects were 45 managers.

For data collection, a structured questionnaire containing questions about socio-demographic features was used, of professional education and work of managers, as well as its position regarding the implementation of NP in the hospital.

After the study be approved by the Research Ethics Committee of UFRN (opinion Nº 098/2010, Protocol Nº 036/10), the subjects were contacted in advance by phone, or through visits to the institution where they worked for data collection. Then scheduled day and time available in the workplace of participants, for filling out the instrument. The professionals were approached individually and enlightened about the importance of the study. After the explanation of the questionnaire and the agreement to answer it, each interviewee received and signed an Informed Consent Form (ICF).

The data were tabulated in the program Statistical Package for the Social Sciences (SPSS) version 17.0. For the description of the variables frequencies were used, averages and standard deviation. To verify the association between features of the education and work of nurses and the placement about the nursing process, the Chi-square test was conducted, being considered in the

"squares" smaller than five, the Fisher test. Finally, the Contingency Coefficient was used to verify the magnitude of association between variables ( $c \geq 0.750$  = strong association; 0.500 to 0.749 = moderate association;  $\leq 0.499$  = weak association).

## RESULTS

### Socio-demographic profile

As shown in Table 1, 45 nursing managers participated in the research, most women (91.1%), indicating a ratio of 10.25 women for every man. The median age was 45.02 years old ( $\pm 8.98$ ;  $X_{\min} = 22$ ,  $X_{\max} = 63$ ) and the median = 47; 66.7% were older than or equal to 44 years. With regard to marital status, 60% lived with a partner.

**Table 1.** Demographic features of nursing managers of eight public hospitals in Natal/RN. Natal/RN, Brazil, 2011

| Features        | n  | %    |
|-----------------|----|------|
| Sex             |    |      |
| Male            | 04 | 8.9  |
| Female          | 41 | 91.1 |
| Age group       |    |      |
| 22-32 years old | 04 | 8.9  |
| 33-44 years old | 11 | 24.4 |
| 44-54 years old | 23 | 51.1 |
| 55-65 years old | 07 | 15.6 |
| Marital status  |    |      |
| Single          | 13 | 28.9 |
| Married         | 25 | 55.6 |
| Widower         | 01 | 2.2  |
| Divorced        | 04 | 8.9  |
| Stable union    | 02 | 4.4  |

Regarding to the professional education, the most studied in public higher education institutions (97.8%), being the average education time of 20.84 years ( $\pm 8.56$ ;  $X_{\min} = 1$ ,  $X_{\max} = 33$ ) and the median = 22. It was found that 84.4% were postgraduate students, with the majority (92.1%) in *lato sensu* level, as shown in table 2.

The features of work of nursing managers of eight public hospitals can be found in Table 3.

According to Table 3, it was found that the majority of managers (77.8%) followed a daily journey less than or equal to eight hours and 11.1% did not specify the workload time. In addition, 46.7% indicated owning another link. It is highlighted that the average working assistance time was equal to 17.58 years ( $\pm 11.04$ ;  $X_{\min} = 1$ ,  $X_{\max} = 35$ ) and the median = 20. The average

**Table 2.** Features of professional education of nursing managers of eight public hospitals in Natal/RN. Natal/RN, Brazil, 2011

| Variables             | Criteria                     | n                  | %    |
|-----------------------|------------------------------|--------------------|------|
| Education institution | Federal                      | 43                 | 95.6 |
|                       | Sate                         | 01                 | 2.2  |
|                       | Particular                   | 01                 | 2.2  |
| Education time        | 1-11 years                   | 06                 | 13.3 |
|                       | 12-22 years                  | 18                 | 40   |
|                       | 23-33 years                  | 21                 | 46.7 |
| Postgraduation        | Yes                          | 38                 | 84.4 |
|                       | No                           | 07                 | 15.6 |
| Postgraduation type   | Specialization/<br>Residence | 35                 | 92.1 |
|                       | Master's degree              | 03                 | 7.9  |
|                       | Workday                      | $\leq 8$ hours/day | 35   |
| 9-12 hours/day        |                              | 05                 | 11.1 |
| $> 12$ hours/day      |                              | 01                 | 2.2  |
| Not reported          |                              | 04                 | 8.9  |

\* To the variable type of postgraduate, the n was equivalent to 38, quantity of participants who had title to *lato sensu* or *stricto sensu* level.

**Table 3.** Features of the nursing managers of eight public hospitals of Natal/RN. Natal/RN, Brazil, 2011

| Variables              | n  | %    |
|------------------------|----|------|
| Attendance work time   |    |      |
| 1-12 years             | 18 | 40   |
| 13-24 years            | 08 | 17.8 |
| 25-36 years            | 19 | 42   |
| Work time as a manager |    |      |
| 1-4 years              | 23 | 51.1 |
| 5-15 years             | 13 | 28.9 |
| $> 16$ years           | 09 | 20   |
| Workday                |    |      |
| $\leq 8$ hours/day     | 35 | 77.8 |
| 9-12 hours/day         | 05 | 11.1 |
| $> 12$ hours           | 01 | 2.2  |
| Not reported           | 04 | 8.9  |
| Other employment       |    |      |
| Yes                    | 21 | 46.7 |
| No                     | 24 | 53.3 |

working time as nursing manager was equal to 8.67 years ( $\pm 9.17$ ;  $X_{\min} = 0.08$ ,  $X_{\max} = 30$ ) and the median = 4.

### Association between the education and work of the managers and the placement about the nursing process

With respect to the positioning regarding the implantation of the nursing process, it was found that the majority of nursing managers positioned in favor of the implantation of NP in hospitals, in which have employment bond. However, 11.1% were in doubt when talking on the subject or against the implantation subject of NP in the institution where they work.

On these data, it was performed the association between the features of the education and the work of nurses managers and the positioning about the nursing process, as shown in Table 4 below.

## DISCUSSION

When the demographic profile of the nursing managers was delimited it was observed a predominance of people of the female gender, median age range and with a partner. These features are pointed in other studies which have identified similar data, which confirms the prevalence of this profile of nurses in hospital management positions<sup>7,8</sup>.

About the professional education of nursing managers of surveyed hospitals, the identification of a more quantitative of individuals with a degree in public institutions, in more than two decades, and postgraduates, corroborates with an investigation performed in a capital of the Northeast<sup>7</sup>, but oppose the other developed in a capital of the Southeast<sup>8</sup> region, in which there is greater number of nurses from private colleges.

**Table 4.** Associations between the features of the education and work of nurses and the placement about the nursing process. Natal/RN, Brazil, 2011

| Education/work         | Positioning about the NP |      |             |      | $\chi^2*$ | <i>p</i> | <i>c</i> |
|------------------------|--------------------------|------|-------------|------|-----------|----------|----------|
|                        | Favorable                |      | Unfavorable |      |           |          |          |
|                        | n                        | %    | n           | %    |           |          |          |
| Education institution  |                          |      |             |      |           |          |          |
| Private                | 01                       | 50   | 01          | 50   | 3.200     | 0.210    | 0.609    |
| Public                 | 39                       | 90.7 | 04          | 9.3  |           |          |          |
| Education time         |                          |      |             |      |           |          |          |
| > 15 years             | 30                       | 88.2 | 04          | 11.8 | 0.060     | 0.645    | 0.806    |
| ≤ 15 years             | 10                       | 90.9 | 01          | 9.1  |           |          |          |
| Postgraduation         |                          |      |             |      |           |          |          |
| No                     | 06                       | 85.7 | 01          | 14.3 | 0.085     | 0.589    | 0.771    |
| Yes                    | 34                       | 89.5 | 04          | 10.5 |           |          |          |
| Postgraduation type    |                          |      |             |      |           |          |          |
| <i>Lato sensu</i>      | 31                       | 88.6 | 04          | 11.4 | 1.160     | 0.353    | 0.536    |
| <i>Stricto sensu</i>   | 02                       | 66.7 | 01          | 33.3 |           |          |          |
| Work institution       |                          |      |             |      |           |          |          |
| Public                 | 37                       | 90.2 | 04          | 9.8  | 0.860     | 0.386    | 0.459    |
| Private                | 03                       | 75   | 01          | 25   |           |          |          |
| Attendance work time   |                          |      |             |      |           |          |          |
| ≤ 15 years             | 18                       | 94.7 | 01          | 5.3  | 1.139     | 0.378    | 0.286    |
| > 15 years             | 22                       | 84.6 | 04          | 15.4 |           |          |          |
| Work time as a manager |                          |      |             |      |           |          |          |
| ≤ 5 years              | 21                       | 87.5 | 03          | 12.5 | 0.100     | 0.565    | 0.751    |
| > 5 years              | 19                       | 90.5 | 02          | 9.5  |           |          |          |

| Education/work     | Positioning about the NP |      |             |      | $\chi^2*$ | <i>p</i> | <i>c</i> |
|--------------------|--------------------------|------|-------------|------|-----------|----------|----------|
|                    | Favorable                |      | Unfavorable |      |           |          |          |
|                    | n                        | %    | n           | %    |           |          |          |
| Workday            |                          |      |             |      |           |          |          |
| > 6 hours          | 15                       | 93.7 | 01          | 6.3  | 0.866     | 0.341    | 0.352    |
| ≤ 6 hours          | 21                       | 84   | 04          | 16   |           |          |          |
| Other working link |                          |      |             |      |           |          |          |
| Yes                | 19                       | 90.5 | 02          | 9.5  | 0.100     | 0.565    | 0.751    |
| No                 | 21                       | 87.5 | 03          | 12.5 |           |          |          |

\* In the houses smaller than five, it was considered the Fisher test.

It is believed that this difference in level of education institution is due mainly to the expansion of nursing courses in private networks in different geographic regions of Brazil. In the State of Rio Grande do Norte (RN), for example, the existence of the graduate course in private institutions is recent and is not included in the professional education time founded in the present study.

In this case, it was expected that a larger quantitative participants of the research was from public universities, once in this State, the two public universities, a federal and the other State, are those with greatest tradition in the education of nurses.

It is believed that studies by chance developed in the RN in ten or fifteen years to describe a change of this managerial profile in nursing, once believed that greater quantitative nursing graduates in private universities will form a population of professionals with working time, favoring the occupation of nursing staff in managerial positions.

Concerning to other features of professional education, such as completion of the graduate course in Nursing for 20 years or more and possess postgraduate in *lato sensu* level, other surveys have brought similar results to those presented in this study. In research conducted with the nurses' managers, it was found that most of these were graduated 25 years or more than that, and had postgraduate *lato sensu* level<sup>6</sup>.

That predominance of professionals interferes acting mostly in public health services for providing labor guarantees, more compatible salaries, and especially, stability and security so desired for any worker.

Regarding to the practice time in nursing care superior to exercise time as nursing manager, work developed with this population points allusive features to the role of the nursing managers similar to the founded in the present study, especially with regard to the years of work as nurses and as nursing managers<sup>7</sup>.

It is understandable that the greatest time in practice assistance gives the nurse professional maturity due to the improvement of their skills and competencies, promoting better nimbleness and a critical view more magnified given the situations imposed by the exercise of their profession. Therefore, the

professional experience is a relevant criterion in the choice of the nurse who shall exercise the function of management.

However, some studies have, currently, the incorporation of younger nurses, consequently, with less time of exercise in the profession, to the position of manager, for believing in its dynamism and its ability to innovate<sup>9</sup>.

With respect to the quantitative of employee links, the study revealed that the subjects involved, at most, dedicated exclusively to the institution's work, which was not observed in other surveys which show different results, ranging from 39% to 53.03% of individuals who had more of a bond with the double link<sup>7,9</sup>.

In this respect, it is verify that despite the disagreement of data presented with respect to that same variable, there is closeness between the values found in this study, considering a slight percentage difference between subjects with an only link and with more than one.

It is believed that the option to remain at more than one job relates to the salary complementation<sup>10</sup> and/or better conditions of remuneration not only as active workers, but the possibility of cumulative retirement, which would give conditions to maintain the standard of living afforded by higher salaries.

As for the workday, data were located in the literature described weekly. In these studies, weekly working hours was around 36 to 44 hours per week, equivalent to daily journey less than or equal to eight hours expressed on the results obtained in this study<sup>11</sup>.

Still in relation to the workload, the struggle of the nursing category for a journey of 30 hours a week, arguing the strengthening of the profession in the health area and the conditions necessary for the provision of safe and quality<sup>12</sup> care, as for example, the implantation of NP.

Almost all the nursing managers interviewed, was in favor of the implantation of NP, being negative on the positioning NP implantation identified, specifically, in nurses with more than 30 years of graduation. The education of these professionals refers to the late period of 1970, in which it emphasized the administrative theories as guiding axis the worker process of nursing<sup>13</sup>. Therefore, the NP was not predominantly as a method of organization of nursing care.

However, it is understandable that besides the interest of managers and the institution in implant this proposal, it must make feasible necessary resources to their implementation and maintenance, using this criterion as an important prerequisite for the implantation of NP in the hospital environment.

As shown in Table 4, it has not been verified association between the features of the education and work of nurses and the placement about the nursing process within the hospital.

The existence of statistical association between the profiles of nurses managers with regard to positioning about NP implantation may have occurred due to the influence of intervening variables not provided. In this perspective, it is believed that a research developed with a broader number of public hospitals, private and professionals in leadership positions would result in more meaningful data.

Despite the disagreement about the association, it should be noted, by its relevance, the quantitative of managers' nurses in favor of the implantation of NP in the hospital environment. In this sense, the study about the SNC points to awareness of the team, by the chief of nursing, about the importance of this methodology to be a prerequisite for its effective implantation<sup>14</sup>. Thus, it is considered that the favorable position of nursing managers to implantation the NP is an important positive factor and predisposes its applicability for hospital nursing staff.

Although in this study did not have shown associations between features of the education and work of managers regarding the implementation of NP, it is believed that internal and external factors to professionals are associated with this problem. It is thought that, since it is believed that a behavioral event is a product set in the history of the learning subject and thus, internal and external factors to individuals will be related to a behavioral event<sup>15</sup>.

The external factors have not been studied here and they should be investigated further, because keeping a headcount in sufficient numbers to operationalization of the process in all its stages; invest in training and capacity building through continuing education programs; and encourage awareness by nursing leaders and the institution to carry out a systematic assistance are external factors that can influence positively the implementation of NP.

Among the internal factors, the literature confirms that the features of education and work, as the pointed out in this study, can contribute to the assimilation of positive proposals aimed at the improvement of services to consider the conditions which the subjects were instructed (education institution, degree time, postgraduate level) and in which are (unique link to work, workday journey, institution)<sup>7,16</sup>. It is therefore considered that such features inherent to the nursing managers combined with the positive position regarding the implantation of NP may facilitate and strengthen the institutionalization of method within hospitals.

As for the limits of the study, there are many aspects that need more clarification, as for example, the extension of the study to ascertain whether the situation of managers of private

hospitals resembles those of the professionals who participated in this research.

It is suggested, therefore a study involving all the hospitals, both public and private in the State, as well as a qualitative study that might indicate more subjective aspects about the nursing process and the work situation of the professionals who can help or hinder its implantation in service.

It is consider also, some obstacles that difficulty the realization of this study, such as: availability of participants' time in replying to instruments within its activities, the refusal to answer for personal reasons, the need to displacement to some places of study.

## CONCLUSION

It is concluded that there is no association between the profile of education and work of nurses' managers with the positioning about the Nursing Process within the hospital, suggesting other factors binding to the problem of lack of implementation of this nurse technology. However, higher education institutions should encourage the NP and health institutions, as interested in the improvement of the provision of services, promote training for encouraging the implementation of the NP.

It is recommended that the syndicates and organs of nursing class, mobilizes in order to reduce the load time of work to a suitable level and satisfactory for both the employee and the employer, as well as, promoting the improvement of salaries in order to avoid the double journey.

Despite the important contribution that the study provides for the scientific knowledge of the area, the same presents a limitation related to the small size of the number of hospitals and subject investigated, reducing the power of generalization. In addition, the variables were observed concomitantly, causing inability to determine directionality of possible associations.

In this context, it is suggested to conduct new studies to better clarify the involvement of nurses in the practice of NP, researching if academic institutions are, effectively, guiding and encouraging to this practice, checking, still, if there are satisfactory results in places where the NP is effected. In addition, it would be necessary to investigate to what extent and what interests the nurse for this praxis.

## REFERENCES

1. Horta VA. Processo de enfermagem. São Paulo: EPU; 1979.
2. Lei nº 7.498, de 25 de junho de 1986. Dispõe sobre a regulamentação do exercício da Enfermagem e dá outras providências. Presidência da República, Subchefia para Assuntos Jurídicos [Internet]. Brasília (DF); 1986. Disponível em: [http://www.planalto.gov.br/ccivil\\_03/leis/L7498.htm](http://www.planalto.gov.br/ccivil_03/leis/L7498.htm).
3. Silva EGC, Oliveira VC, Neves GBC, Guimarães TMR. O conhecimento do enfermeiro sobre a Sistematização da Assistência de Enfermagem: da teoria à prática. Rev. Esc. Enferm. USP. 2011;45(6):1380-6.
4. Menezes SRT, Priel MR, Pereira LL. Autonomia e vulnerabilidade do enfermeiro na prática da Sistematização da Assistência de Enfermagem. Rev. Esc. Enferm. USP. 2011;45(4):953-8.

5. Torres E, Chirstovam BP, Fuly PCS, Silvino ZR, Andrade M. Sistematização da assistência de enfermagem como ferramenta da gerência do cuidado: estudo de caso. *Esc. Anna Nery*. 2011 out/dez;16(3):157-73.
6. Luiz FF, Mello SMM, Neves ET, Ribeiro AC, Tronco CS. A sistematização da assistência de enfermagem na perspectiva da equipe de um hospital de ensino. *Revista Eletrônica de Enfermagem [online]* 2010 out/dez;12(4):655-9. Disponível em: <http://www.fen.ufg.br/revista/v12/n4/v12n4a09.htm>.
7. Nóbrega MFB, Matos MG, Silva LMS, Jorge MSB. Perfil gerencial de enfermeiros que atuam em um hospital público federal de ensino. *Rev. enferm. UERJ*. 2008 jul/set;16(3):333-8.
8. Furukawa PO, Cunha I. Perfil e competências de gerentes de enfermagem de hospitais acreditados. *Rev. latino-am. enfermagem*, 2011 jan/fev;19(1):[09 telas]. Disponível em: [http://www.scielo.br/pdf/rlae/v19n1/pt\\_15.pdf](http://www.scielo.br/pdf/rlae/v19n1/pt_15.pdf).
9. Santos I, Castro CB. Características pessoais e profissionais de enfermeiros com funções administrativas atuantes em um hospital universitário. *Rev. Esc. Enferm. USP* 2012;44(1):154-60.
10. Montanholi LL, Tavares DMS, Oliveira GR. Estresse: fatores de risco no trabalho do enfermeiro hospitalar. *Rev. bras. enferm.* 2006 set/out;59(5):661-5.
11. Mauro MYC, Paz AF, Mauro CCC, Pinheiro MAS, Silva VG. Trabalho da Enfermagem nas Enfermarias de um Hospital Universitário Hospital. *Esc. Anna Nery*. 2010 jan/mar;14(1):13-8.
12. Pires D, Lopes MGD, Silva MCN, Lorenzetti JJ, Peruzzo AS, Bresciani HR. Jornada de 30 horas semanais: condição necessária para assistência de enfermagem segura e de qualidade. *Enferm. Foco*. 2010;1(3):114-8.
13. Formiga JMM, Germano RM. Por dentro da história: o ensino de Administração em Enfermagem. *Rev. bras. enferm.* 2005 mar/abr; 58(2): 222-6.
14. Hermida PMV, Araújo IEM. Sistematização da assistência de enfermagem: subsídios para implementação. *Rev. bras. enferm.* 2006 set/out;59(5):675-9.
15. Meyer SB, Oshiro C, Donadone JC, Mayer RCF, Starling R. Subsídios da obra Comportamento Verbal de B. F. Skinner para a terapia analítico-comportamental. *Rev. bras. ter. comport. cogn.* 2008;10(1):105-18.
16. Martins C, Kobayashi RM, Ayoub AC, Leite MM. Perfil do enfermeiro e necessidades de desenvolvimento de competência profissional. *Texto & contexto enferm.* 2006 jul/set;15(3):472-8.