

# Management performed by nurses in hospitals: comparative study between public and private contexts

ORIGINAL

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## Abstract

**Objective:** To describe the process of managerial work performed by nurses-managers between a public and private hospital.

**Methods:** It is a descriptive research of qualitative approach, having as participants nurses that assume managerial functions in two hospitals in the city of Vitória, Brazil, one public and another private, totaling ten nurses-managers, five in each hospital. Semi-structured interviews were conducted based on the managerial process and to identify the hierarchical organization of each institution.

**Results:** For organization of results, according to the technique of thematic analysis, speeches were separated into three categories: (i) hospital Management: hierarchical flow and the active participation of those involved in the process; (ii) obstacles management in nursing and their positive reflections: faults and support for management training and (iii) manage hospital attention: administrative reflections and the process studied. The public hospital nurses reported a lack of organization charts, professionals and the little logistical support for realization of management practice. In the private hospital, the management process is organized and respects the proposed hierarchical flow, however, features mostly low-skill professionals due to rotation of jobs.

**Final considerations:** The study showed that the private hospital managers were more involved and with greater affinity to administrative matters, to the alignment of objectives for the organization, with a focus on efficiency. In this regard, the public hospital, the absence of these features, so these are difficult to trace and achieve goals, targets and implement their action plans. Therefore, the form of work of these nurses is based on demand management.

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## Introduction

It has been noted the growing need for administrative professionalization in health services, in a context of high expectation of society and a highly competitive environment. Effective management processes is key to ensuring the achievement of the goals of health institutions<sup>1,2</sup>.

The hospital services require a good organizational flow for the effective performance of the assistance practices, as well as, for a return to bureaucratic governmental spheres, or private institutions<sup>3</sup>.

Given this, it is observed that many public and private hospitals have revamped their organizational structure, outsourcing the system or even closing the doors, that, in most cases, this clutter begins by a small flow management problem that can be fixed by professionals who work in the service<sup>4,5</sup>.

For excellence in service, professional integration and empowerment of knowledge for the achievement of management practices are key elements in this process. The professional must know the institution, and thus use their strengths and weaknesses to improve assistance and organize the flow of management<sup>6</sup>.

Facing this reality, it is called attention to the nursing professional, which is intrinsically involved in work processes of organizations. The nurses are considered key actors in this scenario, assuming positions of managerial nature, performing activities that involve the organization of work, human resources management, through tools that plan and supervise the sizing assistance, recruitment and selection of personnel, as well as the encouragement and implementation of continuing education/permanent<sup>3-5</sup>.

Such activities that require administrative knowledge are not always accessible to nursing professionals<sup>5</sup>. Notwithstanding the possible lack of managerial training, nurses come from taking jobs with greater autonomy, complexity and administrative responsibility, being redirected to a new role in hospital organizations<sup>4</sup>.

Among the activities performed, this professional has a key role in conflict management and health processes that involves aspects of leadership, control, order, ability to forecast and provision of materials. These must be aligned to the goals of the hospital organizations<sup>2,4,6-8</sup> therefore, this professional suffers only in this system, pressure for the achievement of results and the insertion and continuity of established standards for these organizations<sup>9</sup>.

However, wonders if the insertion of the nurse in public and private management, where in some cases, there is no legal recognition of their role in their respective fields. Front of it, wonders how are articulated management practices carried out by nurses in the hospital environment, whether in public or private nature.

Thus, the study becomes relevant, while in the understanding of the role of nurses as managers in hospital organizations in the management of the contributing organizations. The performance of these managers is outlined by the dichotomy that exists in their practices and working relationships, as well as, how management form held, taking into consideration the theories of administration<sup>10</sup>.

Therefore, the study aims to describe the process of managerial work performed by nurses-managers between a public and private hospital

## Methods

This is a descriptive study of qualitative approach held in Vitória, Espírito Santo, Brazil, against the backdrop of two tertiary care hospitals, being a public institution and another toilet. This choice was based on inclusion criteria which complied the objective proposed by the study, where they were selected institutions that have features of common infrastructure, such as: hospital-sized, human resources and complexity of care.

The study subjects are composed of nurse-managers of these units, which were selected from the

inclusion criteria: have at least six months experience in the unit, be in a management position and know and have ownership of the management process in that the coordinates. After applying the criteria, it resulted in a total of 10 nurses, five for each hospital.

Data collection was conducted in September 2010 with the application of a semi-structured interview with each nurse that sought to analyze information about the profile of the respondents and questions pertinent to each service management work process, trying to understand the difference this process in the public and private sector. The interview was recorded and transcribed, so that the data could be analyzed more accurately.

The steps of organization and data analysis developed by the thematic analysis technique second Minayo<sup>11</sup>. In this research, the categories were divided according to the three steps proposed by: (i) pre-analysis, where the floating reading about the theme and the choice of the locus of research, by applying the proposed inclusion criteria; (ii) explored the material collected, classified the texts using the process lines saturation, organizing it into three categories; (iii) the interpretation of the data obtained by associating them with the relevant literature.

The research was forwarded to the Research Ethics Committee of the Children's Hospital Nossa Senhora da Glória-CEP/HINSG/SESA, obtaining opinion of approval with paragraph on the day. Still meet the ethical precepts of law 466/12 of the National Health Council that deals with human beings, by applying an informed consent (TFCC) respondents, in order to enlighten them on the research and authorizing participation.

## Results and discussion

In order to respect the ethical aspects, the secrecy of institutions remained, identifying them as (A) to private hospital and (B) to the public. Nurses-managers were identified as G1, G2, G3 and so on. To mention the nurse of the institution associated, used GA and GB.

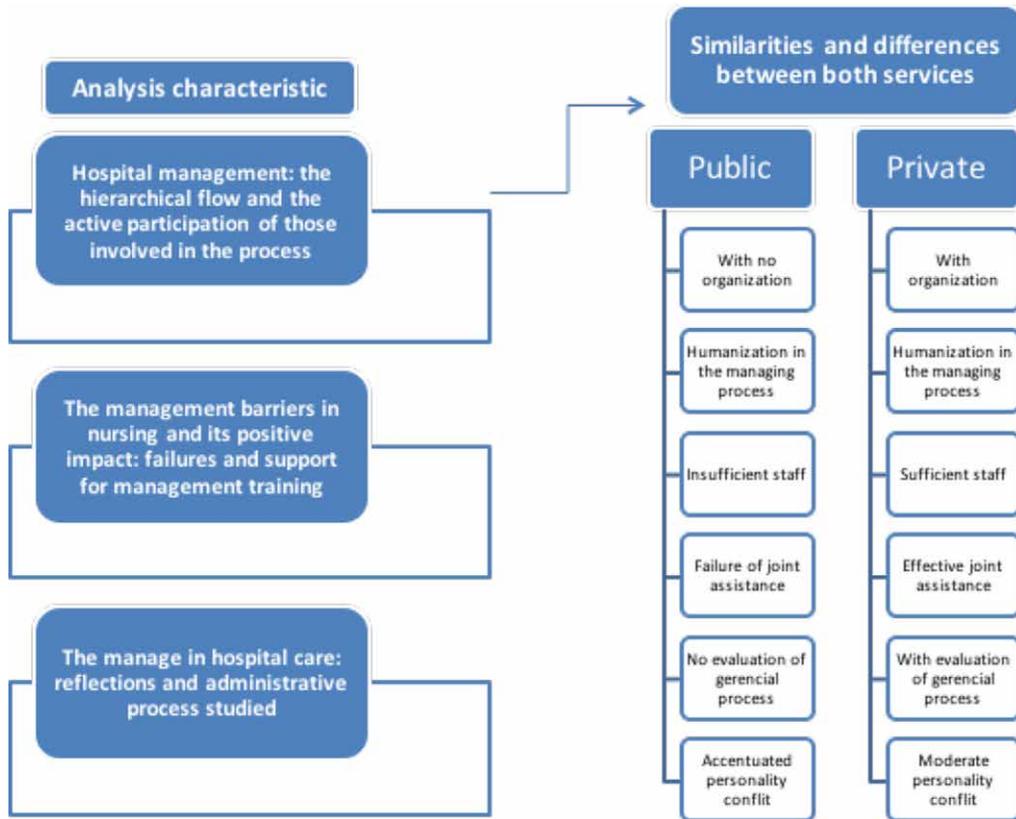
The categories were defined as the technique of thematic analysis proposed by Minayo: (I) hospital management: hierarchical flow and the active participation of those involved in the process; (II) the nursing management barriers and their positive reflections: faults and support for management training and (III) manage hospital attention: administrative reflections and the process studied, as shown in **Figure 1**.

### Hospital management: hierarchical flow and the active participation of those involved in the process

Managerial aspects must be addressed in a health institution respecting the hierarchical levels that are proposed. For the workflow of professional be efficient and seek the best patient care, there is a need for a series of protocols and the insertion of all professionals in this stream, starting from the point that these are fundamental for good reception.

In this regard, it should be noted that there is a clearly defined organizational hierarchy in hospital B, because hierarchical positions are displayed randomly, with no managerial positions formally established. This fact, which can be observed in the organization chart of the hospital reported by respondents, where its large expanse of hierarchical relationships with vertical direction of most of them for the general direction.

**Figure 1:** Categories of analysis and main results found. Vitória, Espírito Santo, Brazil, 2016.



Nursing management, in turn, is informal and absent, which leads to conflicts for the lack of recognition of organizational position, showing a professional identity misrepresentation of the subject, as noted in the lines below:

*“When the law of the state was created, was not included the nursing management. At that time, we discussed this in front of the Nursing Board and there remained the General Coordinator name, but not as a Manager, that in fact I that I have climbed within the state [...] don’t have the organization chart, but institutionally it exists and I’m subject to the technical direction”. (GB1)*

*“I’m subjected to the clinical and technical directions, I think I should be subjected to the general nursing management. Is that thing, I was used to it so when my holiday sheet comes, she (Manager of nursing) cannot sign, is not for her to decide, is the direction. There are times when I ask for help because I don’t know which side I turn. [...] The Director itself does not recognize us as a Manager and you are charged as such. In your wallet doesn’t have that formal, function and position is a nurse, that on paper makes a difference”. (GB3)*

*"If we had an organization chart me and she (Manager of nursing) we'd be in the same post, that would be senior managers, nursing her and I. [...] Here at the hospital missing organization chart, I think people have to see better how to manage it here [...] (GB4)."*

The misrepresentations of identity of the nurse manager have been shown in various studies in the literature<sup>4,12-14</sup>, showing that these, in many cases, are frustrated with the lack of recognition of its role in managing health services, since the hospital is a complex system that impacts the management carried out<sup>14</sup>. This reality can also be evidenced in other SUS services, where nurses take on management roles at all levels of attention.

However, in the hospital A, there is a well-defined organizational chart, where the nursing management is formally established and recognized within the organization. Access nursing team is centered on the figure of the General Manager of nursing, assisting in aligning work processes and access to the hierarchy. Still note that in this service, the hierarchical levels are respected and professionals understand the need to maintain this Organization for the proper functioning of the service.

*"I just speak to the director if it is a very big impact on organization, let's say if I have to do the acquisition of a lot of materials that will have a high cost for the hospital". (GA1)*

*"He (nursing manager) gives a lot of freedom to take action. But we have to say to him what we are going to change [...]". (GA4)*

Nursing management is a fundamental piece to the managerial aspects of an institution, as well as a link between the general direction of the institution with the other people involved, considering

that this works on leadership and direct training of professionals and customers.

It is observed that the approach on the design of nursing management for managers of both hospitals is strictly linked to the management of people, as demonstrated by the lines below:

*"Managing in nursing is having the ability to articulate people of multiple cultures and knowledges, technical and nursing type, with a too low luggage of knowledge, with a team of nurses that don't have managerial knowledge". (GA1)*

*"[...] the people involved, all patients and other professionals, I think it's people management. I think our performance is mixed in it". (GA3)*

*"We need to bring together nurses and technicians, because they provide the best assistance to this patient, with lower cost and better quality, humanization". (GA4)*

*"[...] the manager, mainly in the area of nursing, I understand that you have to be able to identify what human resources, people, you have to be able to have a broad vision and expanded the individual, as to his potential and see what he has to offer and use the best of it for his best result". (GB1)*

*"Patience, lots of patience, able to deal with the public in this case with patients and with the team, because without the team you don't do anything, they're in, they make the careful, so without the US team does nothing". (GB3)*

Therefore, has to be considered all the actors involved in the health-disease process: patients, companions, family, health professionals and the organization. In addition to the managerial role, nurse-manager performs the role of educator/facilitator and mediator on health. This fact corroborates with several studies<sup>2,3, 6,12,15</sup>.

In this respect, it is noted that nurses-managers in both institutions, understand their role as the driving force of the actions, strengthening the teamwork the increasing empowerment of professionals.

"You're in the aisle, you're not on stage: who's the star at the Hospital are operational teams, I am the technical manager, I can't be the star, because who does is the technician who is there at the end, and it's no good I yell and talk I do, because I'm not going to give an account". **(GA1)**

"I'm very quiet [...] I will give freedom, they come in and say that this is going on, I am unsatisfied with this and I have a problem [...] I'm not sure what you mean when people are satisfied or dissatisfied, I call to talk". **(GA3)**

"I think I am, we have a participatory communication very quiet, I give freedom. I always ask them [...] it is important to listen, hear, watch and see what the person has to offer, I think everyone has that potential, to work and to do the best. I'm now the person I'm working the potential of people to give the best result". **(GB1)**

"I think the people are together, I don't think I'm boss, who has tribe is boss and I am a member of the team. [...] I let them work together, we set up the routines, we shared tasks, what night does and what day does, so I made the draft and went through everyone, past the nurses, everybody participated". **(GB3)**

The democratization of interpersonal relationships, and organizational professionals, the enhancement of individual and humanization are contemporary aspects of people management. The nurse is the professional responsible for encouraging the appreciation of its professionals, in that sense, this should show the team that work well played, is recognized. Studies By agnol et al.<sup>6</sup> and Hausmann, Peduzzi<sup>16</sup> confirm this result, because they consider the individualities and the potential as paramount to the operation of a good management.

### The nursing management barriers and their positive reflections: faults and support for management training

Managing in nursing is a task that, as well as the performance, requires features of creativity, innovation and resolution of problems. For both, the nurse must know the industry and work their potentialities and weaknesses, in this case, based on headcount, its amount, its functionality and the rotary process that the organization is subject.

In this sense, in the hospital, a managers' satisfaction with regard to the number of professionals and technical reserve that act in their sectors, however, bemoan the technical quality of the staff and the high rate of exchange of officials (*turnover*), which in many cases is justified by the contracting regime, as noted in the following lines:

"My staff is sufficient, but unqualified. I would say that is in the process of qualification, are we with a policy of internal and external training [...] I have a personal fixed sizing here at the hospital. When I want to increase or resize this picture I have to do a project of restructuring personal sizing". **(GA1)**

"[...] Today I have a nurse in the middle and a risk in PS, the nurse in the PS's medical certificate, or may not come, who will take over there? It is possible that another nurse who is with many patients take? Or I may be assuming this place? Sometimes so I help, I go for assistance, we have it, we work on assistance". **(GB1)**

"I'm satisfied with my staff. I'm satisfied nurses, nursing Technician I'm not satisfied: because I have a lot of beginners and many without any experience, and then when they start to get an experience, they ask for account, they get a better offer and come out". **(Hard1\_4more)**

"It's totally inadequate, in my sector [...] We have 24 beds I have 20 employees, to fulfill 04 shifts. The estimation of calculation, I should have 32 employees [...] When someone retires or dies or leaves the Board of health license does not put anyone in the place". **(GB2)**

"[...] my painting of nurses is enough, I even have to nurse only to cover vacation [...] the part of technical reserve is also good, now the technical part of nursing, she is very weak and when you find a good nursing technician, he has another job". **(GA4)**

"[...] I don't have holiday cover, off and testimonials [...] o generates vacancy for contract employee hired. [...] I come, I do the applications you have to do everything, if you have problems I attend, I enter the assistance [...] we do both, we do two service professionals and receives for a". **(GB3)**

On the other hand, in hospital B, the greatest dissatisfaction of managers is facing a shortage of workers, especially in the technical level. Observing that the governmental spheres don't hire professionals according to the institutional needs of the hospital. Through the lines, it appears that this fact undermines the quality of the assistance provided, which thus misconfigure the form of work performed by nurses-managers, who need to assume activities of direct assistance to the patient, increasing your demand.

"Totally outdated [...] We did a survey including over the federal Ordinance, and is totally outdated. All nurses in the Ps are seven that are missing, so not, much more". **(GB4)**

Problems related to the quality of the nursing staff and the amount of people are common in health institutions. With the wide range of technical courses and degree in nursing, a large number of professionals, which consequently made the job market lagged. In many cases, the professional aims to rate of pay and little investing in their training. In this sense, put in discussion the academic path taken for training and the quality of the assistance provided by this. In addition, the public hospitals have faced a constant shortage of personnel and

the absence of invitations to tender covering the headcount. These facts, described by Manenti et al<sup>15</sup>, corroborated with the present study.

It is possible to see in the speeches that nursing care is linked to management processes carried out by these nurses in both hospitals report that they learned the complete process of managing, being inserted into the assistance.

“My learning was on welfare area. Management is a very difficult area, get out and go to the assistance coordination helped me a lot, what I learned in the assistance apply here”. **(Hard1\_4more)**

“In fact, in assisting the US develops administrative [...] the assistance ended up bringing me here [...] are intertwined”. **(GA3)**

“So, I think, for you to manage, you also have to be assistance because you have to know (the assistance). As you will guide a person? How do you want remove the probe in such a way, if you do not know? Which parameters you have to assess?”. **(GA4)**

“I think all scored, I think that the result of what I am today, comes as much of learning, both at graduation, as the experience I had in assisting”. **(GB 1)**

“You have to have the minimum knowledge (health care) so you know charge”. **(GB3)**

The nurse-manager should note the positive points in each problematic situation that is presented. In this sense, the professional that is inserted inside the assistance is for personal will or technical

and organizational failures, consequently plays a role manager with more effectiveness, with a view to this, knows and has property of the reality in which he is managing, generating then, excellence in service. Therefore, the importance of the assistance/joint management, corroborating the premise that they are closely connected<sup>17-20</sup>.

Yet, it appears that respondents understand the Academy as a kind of booster and the hospital as trainer for learning management activities, offering learning exchange, dissemination of knowledge and the impact on managerial training of nurses-managers:

“[...] I didn't know what it was like to be a coordinator. I stayed a month to respond, because I was scared, I didn't know what it was, I didn't learn in College what it was”. **(GA3)**

“I have learned so much here, the chance to see the question of costs, profit margins, which are things like this, stay away (of assistance), if I open the DRE here you will see, how much I make, as I don't make, look you're spending too much, you have to reduce your spending. Because this type of recovery, we don't see in College”. **(Hard1\_4more)**

“[...] I first came here, I was nothing, knew nothing, nothing. I came from FHP straight here, I didn't have any hospital practice”. **(GB4)**

“Just in daily life that you learn, just in the experience, each day a day, there's no way [...] I really like what I do, this is my school. I graduated, with 02 months I fell in here and I'm even today [...] learned to manage on a daily basis, I learned watching other people manage, talking and researching at home”. **(GB3)**

In front of the paradox management-assistance, in addition to experience in practice, is necessary a qualified academic training, that helps professionals in the development of their management practices. However, the current formations express a reverse situation expected, where the formation of the professional nurse to the management, is still weak and inconsistent, since many times, is based just on the paperwork, forgetting the personal and human resources<sup>3-5</sup>.

### The manage hospital attention: administrative reflections and the process studied

It is understood that the management of health-care organizations hospital guides and guides the management style performed by nurses-managers. The financial and accounting issues that involve the whole part of expenses, costs, revenues, among others and treating them, directs the activities of this organization manager<sup>18-22</sup>.

When looking at the lines, when these issues are well defined, transparent and aligned, the nurses-managers have more knowledge and security for making routine decisions and action, helping them in the diagnosis of his own work. In this regard there was total absence of monitoring of administrative data relevant to the management of the hospital units (B):

“We have no notion of data, we are not passed anything. Manage without numbers and the financial issue is not important to the State [...] I’ve never seen a trial balance and financial accounting of hospital”. **(GB1)**

“There’s no cost control, or recipe. That was about to be done with the MV. We didn’t have a comeback yet, after the MV, as it was”. **(GB3)**

“Today, here, I don’t see any data. I have also the MV system, but I don’t follow. The study on something, number of attendances, sometimes [...] I don’t follow anything the hospital, can’t measure the cost of my area and is one of the things that we’ve asked. Our goal is to produce more with less”. **(GB4)**

On the other hand, in the hospital A, the direction demonstrates the way of working of these subject, explaining your organization as a company, where the structural growth follows the accounting and financial growth, focusing on efficiency, the quality of the assistance, the search for the titration of hospital reference and other goals outlined by the hospital:

“[...] We are in the process of certification, we are organizing the hospital to ONA 01 level, so (the goals) are quality [...] we have a monthly meeting, called AGU meetings are made with engineers and nurses and at these meetings all in is passed: the financial part, each unit, the goals to be achieved and then we can show things that spend so much materials [...] is put everything out in the open for people”. **(GA1)**

“We need direction, we know where we have to walk, I think that change comes from the institution as a whole”. **(GA2)**

“I have learned so much here, the chance to see the question of costs, profit margin [...] If I open the DRE here you will see, how much I make and how much I make. Look you’re spending too much, you have to decrease your spending [...]”. **(GA3)**

From the results, note that the practice of financial empowerment is of paramount importance for the nurse manager, so that it can be applied in their care coordination procedures and conduct based on financial planning, in addition to having sufficient knowledge to practice problem solving along with the director of hospital services<sup>15-22</sup>.

Considering the skills of managers in both hospitals, were outlined problems related to the professional, institutional and social identities. The nurse manager acts in the most diverse fields of a hospital service, requiring a reasoned support and qualified training.

Distorted aspects of bureaucracy are more present in the public hospital, in light of the difficulties identified, such as: people management, infrastructure and ambience, which depend on the public sphere that is responsible for the regulation and centralization of decision-making in these areas. The lack of theoretical basis, regarding knowledge in management, planning and systematization of activities, can take these nurses-managers to replication of existing practices in hospital organization, playing merely the "do" of dissociated form of "knowing".

## Final considerations

The study showed that the private hospital managers were more involved and with greater affinity to administrative matters, to the alignment of objectives for the Organization, with a focus on efficiency. In this regard, the public hospital, noted the absence of transfer of financial, administrative and accounting information with the nurses-managers, therefore, these are difficult to trace and achieve goals, targets and implement their action plans. The way of working of these nurses is based on demand management.

Even with shortcomings in systematize the management of nursing are perceived innovative elements, by means of a participatory management in

the planning of services and managerial decisions, indicative of a more humane and democratic management, based on characteristic aspects of the contemporary administration required the adaptation of individuals to the fence in response to current trends.

The reflections presented here are intended to generate questions and concerns in the area of nursing management, aimed at the emergence of new questions and the continuing search for answers. It is hoped that this study may have contributed to the understanding of the forms of management of nurses-managers within hospitals.

For future work, it is recommended that the management of nursing is also parsed by the optics of workers in nursing teams, hospital organizations, managers of public agencies that assume administrative and political responsibility of these organizations and also facing management education at the Academy of nursing.

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