

Perception of the Nursing Team at a Specialized Hospital about the Work Process

ORIGINAL

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Abstract

Background: The aim of the study was to understand the meaning of the management work process in nursing for the nursing team at a hospital specialized in craniofacial anomalies.

Method: The phenomenological approach, as the reference framework for the structure of the situated phenomenon, was used to analyze the interviews held with 12 nurses and 12 nursing technicians in the period between September 2009 and May 2010. The analysis included the transcription and readings of the testimonies, looking for the essence through the theming, interpretation and synthesis of the phenomenon.

Findings: The following themes were unveiled: Organization of work, the work process is organized through routines and standards; Human resources, highlighting the shortage of staff; Interactive team guaranteeing balance and synchronism in the work process and Stressing organizational climate due to situations that involve physical, psychological and social suffering, resulting from the relation with patients with craniofacial malformations.

Conclusions: The study contributes to understand the management work process in nursing at the specialized hospital and highlights aspects of satisfaction/dissatisfaction. A review of the nursing work process is suggested, as well as the adoption of participatory management strategies, acknowledging the workers' performance in the history of the institution and promoting spaces that permit autonomy, responsibility and commitment.

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Keywords

Practice Management; Nursing Staff, Hospital; Organizational Culture.

Introduction

The context of craniofacial malformation is complex and involves the action of multiple professionals, who need integration to construct the rehabilitation process, with a common objective [1].

The establishment of care based on principles like care integrality, equity and users' social participation, among others, demands the reconsideration of daily practices, emphasizing the creation of less alienating work spaces that value the dignity of workers and users.

In this context, an interdisciplinary posture is needed, in which the role of the nursing team is fundamental, for care delivery to patients and families as well as for the management process, permitting the exercise of autonomy and the expansion of professional limits.

By associating its physical strength with its ability to think and react, the body determines another form of phenomenon, work, as an exclusively human action [2]. According to the Marxist concept, work is the essence of man's humanity, playing a central role in any society, as man and nature interact and transform one another [3].

Health work is not considered as part of the material context, but is completed in the act of its accomplishment. Thus, peculiar characteristics are objectivity and subjectivity, considering that work is done by human beings and that, consequently, technical interventions will always be permeated by interpersonal relations. Therefore, they derive from the interaction between two components: live work and dead work, in which different types of technologies interact [4].

The work process in Nursing is marked by the composition of various processes that constitute Nursing work, which may or may not be executed simultaneously.

These processes are called: delivering care or assisting, administering or managing, teaching, researching and political participation [5]. For high-quality nursing care based on integrality, the nursing team

needs to master the different processes that exist in its work, which can be mutually related, aiming for effectiveness, efficiency and efficacy and also guaranteeing a high level of social representativeness and professional satisfaction [6].

The management work process comprises the technical, political, communicative and citizenship development dimensions [5] which, when articulated, further nurses' management competencies.

In the nursing management process, the production of care and that of subjects are closely linked and, in this interrelation, humanization is consolidated. Humanization is understood as the increased level of co-accountability of different actors in health production, implying changing in the culture of user care and in the management of work processes, improving the conditions for professionals to work in a dignified manner and create new actions and to allow them to participate as co-managers of their work process [7].

Care takes form in the space of live work and represents a source of concern, due to the existence of remnants of mechanic, fragmented and structured activities, demonstrating that care is more permeated by dead than by live work [8].

Therefore, understanding the nursing management work process, according to their own and their team's perspective, stimulates reflections and challenges for the possibility to construct new routes, mainly focused on the nursing team, individuals with craniofacial malformations and their families and rehabilitation aspects.

Departing from this premise and from the researcher's experience in the study institution, the following question is raised: what do nurses and their team know about the management work process, considering the object, the means and instruments used, the goal and the product obtained in this process? What are the resulting elements related to the nursing work process undertaken at the specialized hospital in craniofacial anomalies?

The answers for these questions are crucial for constructing strategies to improve work process and evidence-based management. Therefore, these strategies may influence the presence of clinical and organizational innovations in healthcare settings.

Based on the meanings unveiled, we also can offer support for the development of continuing education for nursing staff to a qualified practice and the impact on the satisfaction of patients and workers.

Therefore, the objective in this study is to understand the meaning of the nursing management work process for the nursing team at a hospital specialized in craniofacial anomalies.

Methods

Design

In the attempt to achieve the proposed objective, a qualitative approach was chosen. Phenomenology was used to abstract the phenomenon, with a view to its understanding. This approach was chosen to seek the meaning and essence of the phenomenon - work process - in the perspective of those who live this process. Phenomenology is a philosophy and a research method, a route to understand individuals' life experience and the meaning they attribute to their experiences [9]. Many styles exist in phenomenology and our study used the method of the situated phenomenon. The steps in this method are: description, reduction and understanding [10].

The description consists of three elements: the perception, the awareness and the subject. Testimonies were collected from the study participants, looking for their perception of the meaning produced by their awareness about their work.

The reduction was based on the collected and transcribed testimonies, through reflection about the statements and selection of the descriptions that are considered essential.

The understanding revealed the essence of the phenomenon from the subjects' perspective.

As the theoretical framework, the nursing work process and the nursing management theme were chosen.

Local

The research was undertaken at the *Hospital de Reabilitação de Anomalias Craniofaciais*, affiliated with the University of São Paulo (HRAC/USP) and located on its campus in Bauru, Brazil. The hospital is specialized in the treatment of congenital cranial and facial anomalies, particularly cleft lip and palate and hearing impairment.

The institution is considered a center of excellence for the treatment of craniofacial malformations and a referral institution for the Brazilian Health System (Unified Health System - SUS), attending clients from all Brazilian states and other countries, especially from Latin America. At the HRAC/USP, the hospital dimension involves three axes: research, teaching and community services.

At HRAC/USP there are 91 beds; six of them are available to patients in the Intensive Care Unit and eight for the semi intensive care. Mean surgical procedures is 28 surgeries daily. The interdisciplinary outpatient care is approximately 300 patients and 10 new cases per day.

The rehabilitation of craniofacial anomalies requires a multidisciplinary team to complete treatment of people with these anomalies. The multidisciplinary team consists of physicians, dentists, speech therapists, nurses, psychologists, nutritionists, physiotherapists, biologists, biomedical, social workers, occupational therapists, educators and various other technical professionals, responsible for the rehabilitation of thousands of people.

Sample-Participants

The study participants were nurses and nursing technicians with at least five years of experience at the institution, and therefore represented a sufficient intentional sample to achieve the research objective. They agreed to participate by signing the Free and Informed Consent Form.

The number of study participants was not defined in advance. Theoretical data saturation was verified during the 12th interview for the group of nurses and nursing technicians, totaling 24 participants, all female, between 30 and 51 years of age and an average length of eight years of professional experience.

Data Collection

Audio-recorded and semistructured interviews were selected as the data collection method. Participants were individually interviewed in private confidential locations, between September 2009 and May 2010, based on the guiding question: how does the nursing team perceive the management work process? The following was proposed: tell me what the object, means/instruments and goal of nursing management work are. Interviews were digitally recorded and professionally transcribed. Each interview lasted 30 to 40 min.

Data Analysis and Rigor

The professionally transcribed participant interviews were held by the principal investigator, that work at HRAC/USP, and independently coded by the authors. The analytic steps of Martins' research method were followed. After completing each research component independently, the researchers collaboratively reviewed their analytic findings and identified any coding discrepancies. Discrepancies were resolved by re-review of the versions of participants' transcriptions and use of researchers' memo notes. Study rigor was also addressed through participants' review of the transcriptions, and their validation of the themes, subthemes, and illustrative quotations.

Ethical Considerations

The study was approved by the Research Ethics Committee at HRAC/USP– SVAPEPE – CEP - (protocol number 170/2009). Following the protocol of the National Council of Brazilian Human Subjects Health Research, the principal investigator discussed

the study design and objectives with participants, obtained their voluntary consent, and ensured participant confidentiality and data protection.

Results

The perception of the participants were worked inductively revealing themes: *Organization of work; Human resources; Team and Organizational climate*, with their respective subthemes.

The theme *Organization of work* and the subthemes institutional reorganization and of nursing activities, standards and routines, record and planning revealed that the care process represents the essence of nursing and that the object of the work is the patient, but the participants revealed that the planning needed for the elaboration of this work process does not exist. They also unveiled that the organization of the work process is established through standards and routines, but these should be characterized by flexibility and should be used according to the needs imposed by the circumstances.

The participants explained that the organization strategies of the patient care support services, established by the hospital administration, can influence the work of the nursing team, as the nurses assume functions that distance them from patient care.

Disorganization exists in the nursing work process, mainly at weekends, justified by the accumulation of activities, excessive and repetitive notes on patient histories, determining an equally excessive time spent on its completion. In addition, lack of knowledge exists about the nursing evolution as an exclusive nursing phase.

It is highlighted that nursing activity planning should be reconsidered, as the basic elements, like human resources, should be in accordance with the demand and the work flow determined in the different care areas.

Some statements illustrate this theme:

I perceive that we nurses are focused on the care part...

N-VIII, 1.

...because you have to follow rules... there are visiting times, these have to be respected...

NT-IV, 8.

...so I don't know why we write that much... I think it's exhaustive, repetitive, I think that you do not attend to the patient in order to spend time on the evolution... the nurse evolves, the technique evolves, the square is marked, the systemization... I think it's a great waste of time

NT-III, 11.

... I think that this career plan is not very appropriate and only covers some and the distribution form ends up leaving much to be desired and ends up hurting the other...

N-X, 12.

...as regards the number of employees... the demand is higher for the employees... it's a reality...

N-VI, 4.

... I think that this career plan is not very appropriate and only covers some and the distribution form ends up leaving much to be desired and ends up hurting the other...

NT-IX, 7.

In the theme *Human Resources* and the subthemes labor legislation, career plan and performance assessment and dimensioning, it was revealed that the nursing team members have a good relation with the heads of the nursing sections. It was also unveiled that inquiries are related to the scale and other specific standards of labor legislation. As to the career plan and performance assessment, it was revealed that the application of the method and the approach criteria currently used in the performance assessment are inappropriate.

The subtheme dimensioning revealed that staff numbers are insufficient, hampering the development of work and care. Also, a constant turnover appeared. The frequency of this situation causes dissatisfaction among nursing team workers and the feeling of devaluation.

During the night period, due to the peculiar characteristic of this time, it is easy to establish interpersonal relationships, favoring orientations aimed at stimulating self-care.

According to the statements:

...we don't have any allowance... only nursing does not get that... and the employees who work here, aren't they entitled to?

NT-III, 14.

The theme *Team* consists of the subthemes nursing team and multiprofessional teamwork. This theme reveals that the nursing team is perceived as interactive and that teamwork guarantees equilibrium, synchronism and harmony in the work process, as it is fundamental for rehabilitation and contributes to the dynamics, satisfaction, interrelationship, cooperation and good performance of the team.

The professionals in management functions need to interact with daily activities in order to implement coherent changes, as effective participation permits the acknowledgement of shortages and qualifications in the work process for the sake of decision making.

It was highlighted that no consensus exists about activities in a cohesive multiprofessional team, considering that the professionals, in their different specialization areas, act separately, without integration, making care fragmented and interfering in humanized care delivery. According to the testimonies:

...the team is very good... very integrated... but I think it is well developed, very interactive...

N-XI, 1.

...we have a multiprofessional team... I think that the process is not very homogeneous... we mix with the other professions...

N-XII, 9.

...sometimes we disagree a bit... the demand has increased a lot, so there are professionals, some, who sometimes do not act in an integrative manner and are not concerned with the humanization part...

NT-V, 5.

The theme *Organizational Climate* included the subthemes: moral harassment, commitment, motivation/(dis)satisfaction and stress.

It was revealed that moral harassment needs to be expressed and that it is fundamental for the professionals to adopt emotional balance and ethical behaviors, as inquiries about the veracity of medical leaves are considered a lack of humanization towards the worker. The nurses with longer experience at the institution manifest more commitment in comparison with more recent nurses. Some nursing technicians and auxiliary nurses permit that particular interests interfere in their work, and the lack of commitment favors absenteeism.

As regards satisfaction at work, the participants expressed that remuneration is an important aspect. Dissatisfaction is related to the lack of people, to the mechanization of nursing team actions, to the lack of care quality and to the non-valuation of performance.

It was revealed that the institution is considered stressful, as it experiences situations that involve physical, psychological and social suffering, resulting from the relation with patients with craniofacial malformations, with the organizational climate and with personal factors.

The subjects reveal:

...we talk that much about moral harassment... and then you see that people should set more of an example... they're the ones who yell most in the corridor...

NT-III, 12.

...I feel that there's a lack of commitment... sometimes the employee's commitment to work... to the Institution leaves a bit to be desired...

N-II, 2.

...work is about dedication really... although we are remunerated for this... well remunerated in fact and that is very good...

N-II, 2.

...and dissatisfaction is general... or dissatisfaction with the scale... or dissatisfaction with the head, or dissatisfaction with human resources...

N-II, 2.

...and dissatisfaction is general... or dissatisfaction with the scale... or dissatisfaction with the head, or dissatisfaction with human resources...

NT-III, 15.

...because the nursing service itself is very stressful... it is due to the patients' situation itself, disease, social class, social difficulties... whether you want it or not, we end up getting sensitized to it...

N-XI, 5.

Discussion

The development of management competency is fundamental to reorganize the work and create conditions to put the care process in practice, as well as to implement new activity programs for patients with craniofacial malformations.

The management process in nursing practice is directed at an immediate goal, which is to organize the work, and a mediate goal, which is

to create conditions to put the care process in practice [11].

Standards, routines and regulations represent tools that favor the organization/standardization of work; their use adds a positive factor when they are well used, and a negative one when they limit the work. Therefore, they need to be flexible and permit creativity in solving problems.

The literature supports the subjects' perspective, declaring that excessive formalism, standards and routines are observed in hospital institutions in general. The workers need to receive appropriate orientations for the execution of standards and routines, but also for self-management in certain situations, thus complying with the human right to be inventive in view of difficulties [12].

The Nursing notes should be reconsidered and reordered, with a view to guaranteeing important information about the patient's conditions, as well as furthering the documentation of the nursing team's activities.

Records in the patient's history turn into a legal document that supports the professionals, and should be imbued with authenticity and legal meaning. The notes represent the nursing team's commitment and workforce, thus valuing nursing actions [13].

In the nursing work process, the concern with determining an appropriate planning for daily activities is highlighted. It is observed, however, that the implementation of care mainly demands the re-dimensioning of staff number, as well as the reconsideration of the number of procedures performed.

In a study carried out at the institution, the relevance of appropriate staff numbers was expressed, and also that this aspect has been neglected, based on a restrictive human resource replacement policy in the college structure itself the institution is part of, negatively affecting the work of the rehabilitation team [1].

In this sense, the use of participatory planning tools, the review of the work and staff dimensioning

processes are fundamental to guarantee the quality of care for patients and family members and the workers' satisfaction.

The literature indicates that planning as a participatory process permits transformations and the incorporation of new alternatives into the work process. When planning is shared, the subjects are responsible for the work process and decisions [14].

Nursing work involves management tasks that require knowledge, which makes it possible to highlight the rights and duties of nursing team workers, contributing to the improvement of the work relations.

The imprecision of health service managers with regard to labor laws and standards has motivated some problems in daily human resource management at the institutions, so that these professionals adopt mistaken dispositions with regard to the regulation of their employees' work, due to their lack of knowledge about aspects that involve the rights and duties of employees and employers [15].

The performance assessment is not achieving the objective of diagnosing and analyzing the workers' individual performance and of promoting personal and professional growth. The need is perceived to prepare the evaluator and the person under evaluation for the performance assessment process.

A more comprehensive concept is that of performance management, which comprises performance planning, monitoring and assessment, addressing the complexity of this process [16].

Nurses can experience the care process and also manage the knowledge about care practice through autonomy to assess the patient's needs and decide on nursing care.

The nursing work demonstrates articulation. This perspective is evidenced by the nursing team, which considers that it should be marked by cooperation, harmony and performance in all categories, with a view to favoring appropriate care. This aspect was also corroborated by another study at the institu-

tion, which expressed the feeling of gratifying work, the need for an appropriate demand/worker index and the importance of using strategies that integrate the multiple needs that permeate the rehabilitation process [1].

Nurses promote multidisciplinary co-participation in the nursing team by planning what activities are to be performed, their goals and objectives of patient and family care, in view of the presented situation.

The reference to moral harassment indicates the importance of reflection and debate on this aspect in daily work and highlights the managers' role with a view to the development of the healthy work environment.

Moral harassment, or bullying as it is called in international research, is defined as a type of repetitive abuse in which the victim suffers verbal abuse, threats, humiliation, intimidation or behaviors that interfere in the performance of work and put the victim's health and occupational safety at risk. This can strongly affect the work environment and should be considered an important part of strategies to deal with the turnover and lack of nursing professionals [17, 18].

Effective measures to cope with moral harassment in the work environment are fundamental, but will be insufficient without an organizational policy to inhibit this type of violence [19].

The impact of organizational commitment is fundamental and entails the challenge of implementing practices that can result in strong commitment, as this factor intervenes in individuals' satisfaction and motivation in the context of their work.

The literature supports this result, expressing that professional satisfaction is an important component of nurses' life and can influence the patient's evolution and the team's morale and productivity, the quality of care and professionals' turnover and commitment to the institution [20].

It should be kept in mind that satisfaction and motivation, established at the study institution,

are related to the routine work activities imposed, causing the mechanization of actions. The same is true for issues related to interpersonal relationships, hour load, work scale, recognition of work and the management policy adopted at the institution.

Agreement exists in the literature about the influence of the organizational condition on the quality of life of nursing workers, as factors that positively value human relations are related to organizational commitment, involvement in work, empowerment and satisfaction, while negative factors, including management based on classical administration, are related to the increased turnover and dissatisfaction at work. Autonomy, commitment, independence and interaction with others also influence satisfaction, promoting trust and improving the team morale [21-22].

Most causes of stress at the institution indicate administrative issues, situations experienced in daily interrelations and the context defined by the nursing work process.

One important resource is to promote significant discussions among nursing workers, so that they can reflect on their daily practice and on the challenges associated with the demands posed by work situations, exhaustion and dissatisfaction, which are related to burnout, thus promoting ethical and engaged work [23].

Conclusion

The strength of the research was to listen to the workers about the meaning of their work and in this perspective propose strategies for improvement of the working environment.

The study limitation was that only 24 professional participated in the study, although nonparticipants were in similar roles as the study participants.

The study contributes to the understanding of the nursing work process at a hospital specialized in craniofacial anomalies and underlines

aspects of satisfaction/dissatisfaction in nursing team work.

These aspects are related to the particularity of the rehabilitation process, team relations, the organizational culture, which entails feelings of devaluation, reduced numbers of human resources, increased work load, difficulties with scales and turnover, care fragmentation and stress at work.

The review of the nursing work process and the adoption of participatory management strategies are suggested, including the acknowledgement of workers' performance in the history of the institution and accountability in institutional objectives and practices, promoting spaces that permit autonomy, manifestations of knowledge, of creative abilities, of responsibility and commitment.

The phenomenon revealed from the subjects' perspective permits an institutional look at the analysis and proposals based on the nursing management process, entailing repercussions for care delivery to craniofacial anomaly patients and their families and which, given its range, can be analyzed from other perspectives.

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