Facilitating and hindering aspects of the work of nurses in hospital managerial positions

Aspectos facilitadores e dificultadores do trabalho do enfermeiro em cargos gerenciais no âmbito hospitalar

Aspectos que facilitan y dificultan el trabajo del enfermero en puestos de gestión hospitalaria

Nilce Mara da Silva[I], Vivian Aline Mininel[II], Silvia Helena Henriques[III]
Ana Martha de Almeida Limongelli[IV], Ana Paula Pereira[V], Lucieli Dias Pedreschi Chaves[VI]

Abstract: **Objective:** To identify aspects that facilitate and hinder the work of nurses in managerial positions in a public teaching hospital. **Method:** A descriptive study with a qualitative approach, developed in a public, tertiary hospital, using the Critical Incident Technique. Sample consisting of 15 nurses in managerial positions for at least one year. **Results:** 42 situations were obtained, 66.6% being of negative references; 57 behaviors showing 84.2% of positive references and 74 consequences getting 58.1% of negative references. **Conclusion:** The aspects that facilitate the work of nurses in managerial positions are situations/behaviors/consequences related to team/patient/family interaction; work unit management; management group implementation and communication. In contrast, the hindering aspects are related to organizational structure, infrastructure management and people management.
Keywords: Nursing; Organization and administration; Public hospitals; Hospital administration

Resumo: **Objetivo:** identificar os aspectos que facilitam e dificultam o trabalho do enfermeiro em cargos gerenciais em um hospital público de ensino. **Método:** estudo descritivo, de abordagem qualitativa, desenvolvido em hospital público, terciário, utilizando a Técnica do Incidente Crítico. Amostra constituída por 15 enfermeiros em cargos gerenciais há, pelo menos, um ano. **Resultados:** obtiveram-se 42 situações, sendo 66,6% de referências negativas; 57 comportamentos apresentando 84,2% de referências positivas e 74 consequências obtendo 58,1% de referências negativas. **Conclusão:** os aspectos que facilitam o trabalho do enfermeiro em cargos gerenciais são situações/comportamentos/consequências referentes à interação da equipe/paciente/família; gerenciamento da

[I] Enfermeira. Hospital das Clinicas da Faculdade de Medicina de Ribeirão Preto/SP- Brasil. Núcleo Interno de Regulação. Email: nilcemara.silva@hotmail.com ORCID iD http://orcid.org/0000-0002-3989-9282

[II] Enfermeira Profa. Dra. Departamento de Enfermagem do Centro de Ciências Biológicas e da Saúde da Universidade Federal de São Carlos - UFSCAR; São Carlos. Brasil. E-mail: vivian.aline@gmail.com ORCID iD http://orcid.org/0000-0001-9985-5575

[III] Enfermeira Profa. Dra. Escola de Enfermagem de Ribeirão Preto, Universidade de São Paulo (USP), Brasil. E-mail shcamelo@eerp.usp.br ORCID iD http://orcid.org/0000-0003-2089-3304

[IV] Professora Dra. em Educação: Claretiano centro universitário: Batatais, São Paulo, Brasil. E-mail anamarta.claretiano@gmail.com; ORCID iD.org 0000-00016362-7124

[V] Enfermeira. Centro de referência em Saúde da Mulher – Mater Ribeirão Preto, São Paulo, Brasil. E-mail: appereira@hcrp.usp.br ORCID iD http://orcid.org/0000-0002-6373-4162

[VI] Enfermeira Profa. Dra. Escola de Enfermagem de Ribeirão Preto, Universidade de São Paulo (USP), Brasil. E-mail: dpchaves@eerp.usp.br ORCID iD http://orcid.org/0000-0002-8730-2815

unidade de trabalho; implantação do grupo gestor e comunicação. Em contrapartida, os aspectos dificultadores estão relacionados à estrutura organizacional, gestão de infraestrutura e gestão de pessoas.
Descritores: Enfermagem; Organização e administração; Hospitais públicos; Administração hospitalar

Resumen: Objetivo: identificar aspectos que facilitan y dificultan el trabajo del enfermero en puestos directivos en un hospital público de enseñanza. **Método:** estudio descriptivo con enfoque cualitativo, desarrollado en un hospital público terciario, utilizando la Técnica de Incidentes Críticos. Muestra compuesta por 15 enfermeros en puestos directivos durante al menos un año. **Resultados:** se obtuvieron 42 situaciones, el 66.6% de referencias negativas; 57 comportamientos que presentan 84.2% de referencias positivas y 74 consecuencias con un 58.1% de referencias negativas. **Conclusión:** los aspectos que facilitan el trabajo del enfermero en puestos gerenciales son situaciones / comportamientos / consecuencias relacionadas con la interacción equipo / paciente / familia; gestión de unidades de trabajo; implementación del grupo de gestión y comunicación. Por el contrario, los aspectos que lo dificultan están relacionados con la estructura organizativa, la gestión de la infraestructura y la gestión de personas.
Descriptores: Enfermería; Organización y Administración; Hospitales Públicos; Administración Hospitalaria

Introduction

The reconfiguration of the role of hospitals, from the perspective of the construction of health care networks, has an impact on the organization of nursing work, in which it is up to nurses to use knowledge relevant to care practices, to provide direct assistance to users who are in a higher degree of care dependence, in addition to the management of resources and relationships at work, such as planning, evaluation and execution of services necessary for nursing practice.[1-2]

This view is close to the current conception of health care networks, conceptualized as an integrated health system that involves unique relationships between professionals and users, in a *continuum* of services provided to the population, including the operational, outpatient and hospital structures at the primary, secondary and tertiary levels.[3-5] Nurses need to appropriate the changes of contemporary society, to detach themselves from the classic paradigms of fragmented management in centralized tasks and decisions, based on the comprehensiveness of health care.[6] It is understood that this dynamic work process of nurses contributes to the confrontation of difficulties in the work of nurses working as managers of public teaching hospitals, especially in relation to communication, hierarchy power and relations, people

management and materials resources, among other obstacles to the work.

This research was justified by the relevance of the theme and the lack of specific scientific production on nurses' work in managerial positions found after a bibliographic survey of scientific publications, in the period from 2000 to 2014 in the LILACS database with the nursing, organization and administration descriptors, as well as by the reconfiguration of the hospital's role in the perspective of care networks. It is understood that the results may contribute to apprehend aspects that favor and hinder the work of the nurse manager, producing knowledge that subsidizes care and management in hospitals.

Given the above and facing the research problem raised, the following is asked: "What are the facilitating and hindering aspects of the work of nurses in a managerial position in a public teaching hospital?" In this sense, the study aimed to identify aspects that facilitate and hinder the work of nurses in managerial positions in a public teaching hospital.

Method

This is a descriptive study with a qualitative approach. The Critical Incident Technique (CIT) was used, which allows for the identification of the participants' perceptions and attitudes experienced at work and relevant to the object of investigation.[7-8]

An incident, to be critical, occurs when it is possible to clearly establish the triad: situation, behavior and consequence. The situation experienced or observed is understood as a fact whose intention or purpose of the act is clear enough to trigger a respective behavior in the face of the fact and the consequences are sufficiently defined as the effects produced.[9]

This research was developed in a public hospital institution reference in emergency care. It has 171 hospitalization beds and is located in a municipality in the northeast region of the state of São Paulo, Brazil.

The study participants were 15 nurses in management positions in adult and pediatric inpatient

units, as the hospital provides services to these users on a larger scale. The selection criteria to participate in the study were being a nurse and performing a managerial position in the unit for at least one year, as it is understood that this time allows the professional to have had the experience of insertion in the managerial activities of the unit. Potentially 18 nurses met the criteria, but three refused to participate in the research. Thus, the study group consisted of 15 participants.

For data collection, it was chosen to use the semi-structured interview that was guided by a script submitted to face and content validation by three experts in scientific methodology and thematic. Subsequently, a pilot test was conducted with three nurses who held managerial positions in units other than those selected.

The script was composed of two parts: one related to the sociodemographic and professional characterization and another containing open questions to report situations experienced and/or observed, facilitating or hindering the work of nurses in managerial positions. The interviews were conducted individually by a field assistant, a nurse, graduate student, master level, who was trained to conduct the interviews. The use of a field assistant is justified by the fact that the responsible researcher is a member of the hospital staff, as such a situation could compromise the responses. These were scheduled according to the availability of the participants.

Data was collected from July 2014 to January 2015. To ensure the privacy and confidentiality of the participants, the codes E1, E2, and E3 were used to identify them and, successively, the letter E being equivalent to the interview, and the numeral, to the sequential order. They had a mean duration of 40 minutes, were recorded and later transcribed and subjected to the extraction of Critical Incidents (CIs), identifying situations, behaviors and consequences.[8] In the reported CIs, positive or negative references were mentioned, taking into account the participant's own judgment, understood as facilitating or hindering aspects of the work of nurses in managerial positions.

The identification and grouping of situations, behaviors and consequences made it possible to categorize data by similarity of content. At this stage, the use of theoretical foundations favored the construction of categories appropriate to the object of study. In the analysis, descriptive statistics was used, which allowed for the description and synthesis of data related to situations, behaviors and consequences,[9] each one of the elements that compose the triad that characterizes the CI having been quantified. Subsequently, the reports were analyzed using Content Analysis.[10]

The research was developed to ensure compliance with the precepts of Resolution No. 466/2012 on research involving human subjects, and was approved by the Research Ethics Committee of the Ribeirão Preto School of Nursing with CAAE: 19860013.7.0000.5393, October 30th, 2013. The survey participants and the judges received the Free and Informed Consent Form (FICF).

Results

Regarding the age group of the 15 nurses in managerial positions, the minimum age was 34 years old and the maximum was 60 years old, predominating individuals over the age of 44, representing eight (53.3%) of the participants. Regarding gender, female professionals predominate represented by 13 (86.7%) of the participants. Regarding the time of acting in a managerial position in the institution, most (10 [66.6%]) of the nurses have worked between 17 and 21 years. As for the time of training, 10 (66.6%) had between 13 and 19 years of graduation and 33.4% had over 20 years of training.

The data obtained allowed identifying critical incidents with 42 situations, 14 positive and 28 negative.

The situations identified in the critical incidents were grouped into the following categories: "organizational structure", "interaction: team/patient/relative", "infrastructure management", "people management".

Among the situations, it is highlighted that there was a predominance of negative references, 28 (66.6%), that is, aspects that make it difficult for nurses to work in managerial positions. The situations identified are presented in Table 1.

Table 1 – Distribution of the situation categories extracted from the critical incidents referring to the managerial work of nurses in a public hospital, according to positive or negative reference. Ribeirão Preto, SP, 2015.

Situation categories	Positive		Negative		Total	
	No.	%	No.	%	No.	%
Organizational structure	6	42.9	8	57.1	14	100
Interaction: team/patient/relative	8	72.7	3	27.3	11	100
Infrastructure management	0	0	9	100	9	100
People management	0	0	8	100	8	100
Total	14	33.4	28	66.6	42	100

The "Organizational structure" situation category refers to changes in the hospital management model with adherence to the shared management model. It is noticed that there were gaps in the process of change of the management model characterized by the lack of clarity in the implementation of the management group. In this category, 57.1% of negative references were added.

> [...] *when the shared management system was implemented, everything was very oppressive, we had no autonomy over the service. That was very negative, it made me very sad. We had no administrative support.* (E1)

Although negative references prevail, there were 42.9% of positive references.

> [...] *I took a lesson from this: we bosses need to believe in the strength we have because if we are in this position, no wonder! We deserve it in some way either because we exercise leadership or because we want to work. I'm very happy with that.* (E14)

The "Interaction: team/patient/relative" situation category compiles facts related to

interpersonal relationship, dialog, mediation of conflicts among teams, relatives and users. There was a predominance of positive references (72.7%), highlighting the frequent actions of dialog and mediation in the daily work of nurses in managerial positions.

> [...] *there was a patient who was severely burned, 90%. As he got better, the teams that were assisting him started to discharge him. It came at a time when it seemed that the patient was from the Nursing staff only. At this time, I needed to request a meeting with those responsible for surgery, plastic, vascular, nutrition and others. At the meeting, I made it clear that we were all responsible for the patient* [...] *I was very happy with this interaction.* (E13)

The following statement exemplifies the negative reference in this situation category.

> [...] *there are several management situations, like, the family member arrives at the counter and wants to talk to the doctor only. I, even though he's busy, called him. He didn't come!* [...] *even though I called the doctor and everything, but I came off worst! There are doctors who speak: "I will not talk", so I have to be tactful to deal with the doctor and the family. It frustrates me.* (E1)

The "Infrastructure management" situation category groups bed lock issues due to lack of infrastructure and slow equipment maintenance service. In this sense, the slowness in infrastructure management emerges as a hindering aspect of the managerial nurse's work.

> [...] *I think the biggest problem is that we don't work alone, we always depend on others. I know that if a material breaks, you have to go to another sector to fix it; this makes difficult to get a faster result on the actions* [...] *equipment maintenance here is very time consuming.* (E15)

The "People management" situation category aggregates data related to staff reduction and absenteeism. This category alludes only to negative references (100%).

> [...] *all hospitals are experiencing it and here I experience it every day, the lack of staff. I didn't refer a patient for the test because staff were absent that day.* (E1)

Table 2 shows the 57 behaviors, of which 48 were positive and nine negative, presented in

three categories: "Managing the work unit", "Communicating", and "Questioning the deployment of the Management Group". It is noteworthy that the number of behaviors exceeded the number of situations, indicating that, for each situation, there may be more than one action.

Table 2 – Distribution of the behavior categories extracted from the critical incidents referring to the managerial work of nurses in a public hospital, according to positive or negative reference. Ribeirão Preto, SP, 2015.

Behavior categories	Positive		Negative		Total	
	No.	%	No.	%	No.	%
Managing the work unit	31	86.1	5	13.9	36	100
Communicating	12	75.0	4	25.0	16	100
Questioning the deployment of the Management Group	5	100	0	0	5	100
Total	48	84.2	9	17.8	57	100

The behaviors category of "Managing the work unit" relates to the adequacy of consumption in face of material scarcity and monthly scale adjustments due to absenteeism. There was a predominance of positive references (86.1%).

> [...] *if it is really serious, the regulation doesn't even want to know, the doctor hired doesn't even want to know, the regulation will send, in zero vacancy. What did I do?! I turned on the computer, saw where they had vacant beds, and checked which patients were hospitalized and who could be transferred.* (E2)

Although fewer, there are negative references (13.9%) in this category.

> [...] *employees were absent that day. I had to prioritize staff to follow up on the test running or o stay on the ward. I opted to leave the test for later, and that's bad.* (E1)

The "Communicate" behavior category concerns communication, interaction among work teams, family members and users, for the organization of management and/or assistance activities. This category had a predominance of positive references (75%).

> [...] *I brought some things that I did on campus, tried to work more in the sense of talking to the group and show them that this I can or this I cannot. And in this way, I was able to propose some changes* [...] *at least*

my absenteeism rate has decreased. (E12)

Negative references in this category are less frequent (25%), as can be

> [...] *the number of people on the team is reduced, so it is distressing because the time to dialog with the patient and establish bond is small.* (E12)

The "Questioning the deployment of the Management Group" behavior category concerns to the questioning position of nurses regarding the lack of autonomy installed with the change in the management model and how this position strengthened the group, reducing professional vulnerability. The category had only positive references.

> [...] *I supported my colleague and encouraged him to think about the whole, the service, the competent staff, the patients, and making fair decisions without the emotional motivation we were living at the time* [...] *the assistants and technicians realized that being a boss is not easy, we are worth of in some way.* (E3)

Table 3 presents the 74 consequences identified, 31 being with positive references and 43 with negative references, presented in two categories: "Feelings", "Care given to the patient".

Table 3 – Distribution of the consequences categories extracted from the critical incidents, referring to the managerial work of nurses in a public hospital, according to positive or negative reference. Ribeirão Preto, SP, 2015.

Consequences categories	Positive		Negative		Total	
	No.	%	No.	%	No.	%
Feelings	25	41.7	35	58.3	60	100
Care provided to the patient	6	42.9	8	57.1	14	100
Total	31	41.9	43	58.1	74	100

The consequences are the outcome related to the actions of nurses in managerial positions facing the situations experienced. It is important to highlight that in the extracted critical incidents, although the behaviors facing the situations were predominantly positive, the consequences appeared more often negative.

The "Feelings" consequence category brings together aspects related to emotions,

showing affection and sadness. It is worth mentioning that they concern a set of issues that are not necessarily governed by nurses, but which permeate their daily lives and may be due to a sum of different situations and behaviors previously presented. Negative references predominated (58.3%).

> [...] *the situation was blatant, managers were slow to support, administration was slow to make decisions, and I, as a boss, had some anxiety. Every team and I felt helpless, alone for three years.* (E9)

Although less frequent, there are positive references (41.7%) in this category.

> [...] *the good thing about Nursing management is that you can do it! You can run after it, you can make it happen! Just don't do it who doesn't want it, who is unmotivated. I do it, I did it, and I am always very pleased with it; the patient was taken care of by all and was discharged.* (E13)
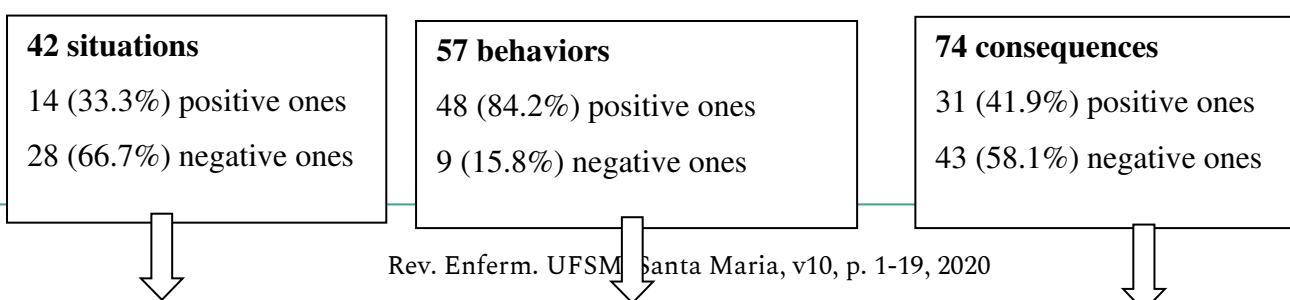
The "Care given to patient" consequence category refers to aspects related to the care provided regarding hospital infection control, patient safety, infrastructure and absenteeism. This category had a predominance of negative references (57.1%).

> [...] *I had a leak in the ward, and it took a long time to get maintenance team to fix the problem. We had to make several reports* [...] *because the biggest fear I had was that this water would be contaminated.* (E5)

The following statement illustrates the positive reference (42.9%) of this category.

> [...] *there is still a lot to be done, but at least the rate of absenteeism has declined; to work with scale making in another way, I think it makes it easier. You try to negotiate shift changes and I know the standards exist, they need to maintain the service organization, but there are things that can be resolved individually.* (E6)

The synthesis of the results that emerged can be seen in Figure 1 below:
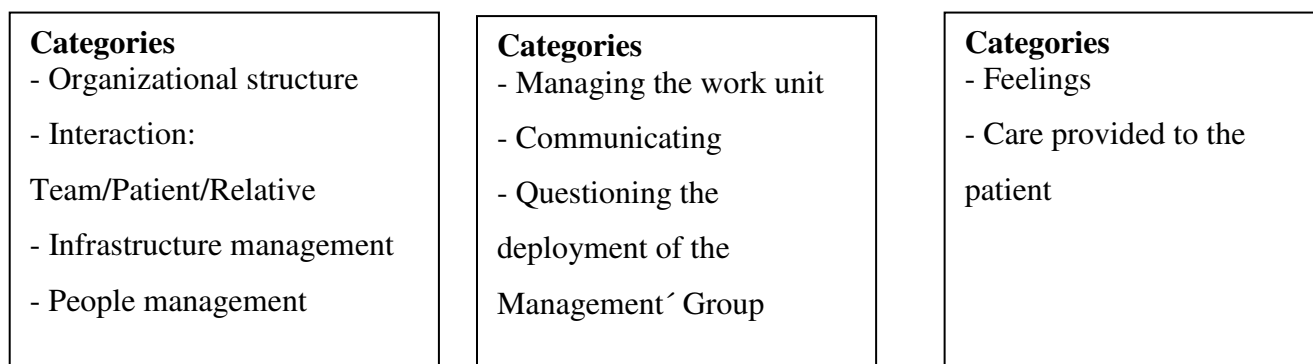
42 situations	**57 behaviors**	**74 consequences**
14 (33.3%) positive ones	48 (84.2%) positive ones	31 (41.9%) positive ones
28 (66.7%) negative ones	9 (15.8%) negative ones	43 (58.1%) negative ones

Categories	Categories	Categories
- Organizational structure	- Managing the work unit	- Feelings
- Interaction: Team/Patient/Relative	- Communicating	- Care provided to the patient
- Infrastructure management	- Questioning the deployment of the Management´ Group	
- People management		

Figure 1 - Representation of the situations, behaviors and consequences and their respective categories obtained from the reports of nurses with managerial positions of the HCFMRP Emergency Unit. Ribeirão Preto, SP, 2015.

Discussion

The situations of the "Organizational Structure" category had a predominance of negative references and it can be evidenced that, in the process of change in the managerial model in the institution, there was a lapse of implementation related to effective communication and horizontality in decision-making processes. In this sense, it appears that such a process, most likely did not consider in its implementation any assumption that supports it. Some organizational structures imply a certain management model, thus conforming the distribution of power, decision and communication characterized by participatory and decentralized actions in which decisions go through a multidisciplinary process.[11-12]

The positive references in the "Organizational structure" category centered on the professional articulation of nurses in managerial positions with the multidisciplinary team, facilitating their performance and partnership in the daily work of the institution. Professional partnership and the strengthening of interpersonal relationships, both among workers from different sectors and among the hospital unit management team, are important for Nursing team management and care management.[13]

The situations in the "Interaction: team/patient/relative" category had a predominance of

positive references, i.e., it is an aspect that facilitates the work of nurses in managerial positions, highlighting their potentiality to articulate interlocution and relationships.

The National Humanization Policy points to participatory management as transversal themes for team building. Thus, issues related to the depreciation of the human bonds, precarious working conditions and deprivation of workers' rights go in the opposite direction to these assumptions.[14-15]

The service to high complexity users presupposes interactive actions between several professional categories that can often result in conflict, because it is a high complexity care institution whose needs are real and imperative. In this sense, it is necessary to consider individual, professional and context peculiarities in the construction of relationships.[16] The work of nurses in managerial positions involves, among others, the interlocution and mediation of situations of tension among workers, patients and family members, in order to enable a conducive work environment,[17] ratifying the participants' perceptions of the aspects of this "Interaction: team/patient/relative" category as being facilitators of work.

The situations of the "Infrastructure management" category concentrate only negative references, i.e., it was considered as a hindering aspect for nurses' work in management. It should be noted that the assistance provided is directly linked to the material and infrastructure resources of the hospital institutions. Thus, the relevance of the role of nurses in managerial positions related to these resources becomes unquestionable.

The scarcity of physical resources, materials and qualified personnel is a hindering aspect for nurses' actions, which may lead to the interruption of procedures, as well as to the purchase of materials and equipment by professionals who are unaware of the appropriate specifications that may interfere with quality of care.[18-19] Health professionals from public hospitals for urgent and emergency care, in general, deal with precarious working conditions related to physical structure, lack of professionals and lack of beds, issues that impose

limitations beyond the will and professional competence.[20]

We highlight the relevance of materials management, as they are products that are used to provide assistance directly to the user, whose current difficulties are directly related to the scarce financial amount destined to health.[20] Infrastructure issues concern health service components that are structural for care and management practice, including physical structure, equipment, among others. However, many times the resolution of these problems is not in the governability of the nurse.

The situations of the "People management" category had only negative references. This is a very worrying result, since this is a primary activity of professionals in managerial positions and, without people, care is not realized. It is known that the inadequate number of nursing workers directly impacts the increase in the absenteeism rate as a reflection of the work overload and professional dissatisfaction.[13,21]

The behaviors grouped into the "Managing the work unit" category were considered facilitators of the managerial nurse's work. In the organization of hospital care services, technological investments in materials and equipment and infrastructure are necessary to enable better access to users, as well as the adaptation of qualified personnel to meet health problems.[19] Among the managerial attributions of nurses is staff forecasting, control of material resources and conflict resolution. In this context, the nurse responsible for managing these resources assumes the responsibility of enabling and facilitating nursing care in the institution.[18]

The behaviors of the "Communicating" category were pointed out as a facilitating aspect of the nurse's work in management and, in this respect, it is understood that communication permeates the daily activities of work planning and organization and, when favored, can be a potentiator of processes and relationships. Such action is characterized as effective communication, considering the inclusion of assertive behavior in transmitting, receiving and interpreting information in a clear and respectful manner. Dialog among workers, managers

and users is an important strategy for performing nursing care activities, since dialog builds a relationship of integration of culture and exchange of experiences.[22-23]

The behaviors of the "Questioning the deployment of the Management Group" category were considered as a facilitating element, as a way of positioning nurses in managerial positions, facing the process of flexibility of the management model in the institution and, in this sense, it should be clarified that it is not about resistance to change, but about the way of operating the changes that was adopted. Participatory management requires decentralization and the effective involvement of professionals in democratic discussion and decision making. It brings the advantage of increasing the legitimacy of decisions, whether they are assertive or not.[24]

The consequences grouped into the "Feelings" category concentrate negative references and were considered as a difficult aspect, since such issues are not only under the control of nurses in managerial positions. Work activity is considered a source of satisfaction and pleasure, however, as failures occur between worker expectations and the reality imposed by work management, it may imply suffering, causing, among other losses, the illness of workers.[24] In the health field, the performance of work is not exclusively due to the worker's competence and commitment. Working conditions are fundamental for the development of their actions and, when precarious, subject the professional to stress and suffering.[21]

Despite the predominance of negative references in the consequence category of "Feelings", it was possible to notice that nurses in managerial positions also present satisfaction and contentment when they get opportunities to point out the need for adjustments at work. In this sense, it is clear that sadness and anguish, reported by the study participants, are minimized by interaction with the team, family and the satisfaction of assisting the user.

The consequences grouped into the "Care given to patient" category evidenced the concern about the issues involving the care given to the user, signaling the understanding of the close relationship between management and care, as it mentions the care to the user as a major

reason for mobilizing different resources. The interaction between the teams and professional autonomy contribute to the development of the essential skills for care, thus bringing positive results in the recovery of patients, being considered facilitating factors for the quality management of care.[13] The hindering aspects in the management of quality of care are related to the deficient number of professionals in view of the increasingly complex demand of patients, infrastructure and material resources deficits in public health organizations.[13]

Conclusion

It was concluded that the facilitating aspects for the nurse's work in managerial position are situations/behaviors/consequences, with positive references, pertinent to the interaction of the team, user, family; manage the unit of work; questioning the deployment of the management group and communicating. In contrast, the hindering aspects are situations/behaviors/consequences with predominantly negative references of the categories organizational structure, infrastructure management and people management.

It is noteworthy that although the situations have concentrated negative references, the behaviors generated were recognized by the participants as predominantly positive, highlighting the commitment and effort of nurses in managerial positions to overcome situations that make their work difficult and often involve agents and employees and/or external sectors whose governance of the nurse in managerial position is very limited.

The results obtained in this study contribute to the theme of hospital management and administration, particularly to Nursing management, in order to ratify the complexity and difficulty for the implementation of a new management model, as well as to identify the multidimensional relationships between situation, behavior and consequence that permeate the daily work of nurses in managerial positions of a public emergency hospital. Moreover,

although the results are not generalizable, it is understood as possible contributions of this study the knowledge about the exercise of managerial position for nurses who work in different points of health care networks whose work involves the uniqueness of professional relations, care and power.

This research has limitations regarding the research scenario, because in the study it was chosen to listen to nurses in the management positions of a public hospital. For future research, it is recommended to extend the study to other professional categories for comparison and/or generalization of data.

References

1. Lima RS, Lourenço EB, Rosado SR, Fava SMCL, Sanches RS, Dázio EMR. Representação da prática gerencial do enfermeiro na unidade de internação: perspectiva da equipe de enfermagem. Rev Gaúch Enferm [Internet]. 2016 mar [acesso em 2015 mar 01];37(1):e54422. Disponível em: http://www.scielo.br/pdf/rgenf/v37n1/0102-6933-rgenf-37-1-1983-144720160154422.pdf doi:10.1590/1983-1447.2016.01.54422

2. Ferreira VHS, Teixeira VM, Giacomini MA, Alves LR, Gleriano JS, Chaves LDP, et al. Contributions and challenges of hospital nursing management: scientific evidence Rev Gaúch Enferm [Internet]. 2019 [acesso em 2019 ago 01];40:e20180291. Disponível em: https://www.seer.ufrgs.br/RevistaGauchadeEnfermagem/article/view/93531/0 doi:https://doi.org/10.1590/1983-1447.2019.20180291

3. Mendes EV. As redes de atenção à saúde. Brasília (DF): Organização Pan-Americana da Saúde; 2011.

4. Mendes EV. Entrevista: a abordagem das condições crônicas pelo Sistema Único de Saúde. Ciênc Saúde Colet [Internet]. 2018 [acesso em 2019 ago 01];23(2):431-5. Disponível em: http://www.scielo.br/pdf/csc/v23n2/1413-8123-csc-23-02-0431.pdf doi:http://doi.org/10.1590/1413-81232018232.16152017

5. Fernandes MC, Silva LMS. Gerência do cuidado de enfermagem na estratégia saúde da família: revisão integrativa . Rev Rene [Internet]. 2013 [acesso em 2015 jun 01];14(2):438-47. Disponível em: http://www.periodicos.ufc.br/rene/article/view/3407/2644

6. Chaves LDP, Mininel VA, Silva JAM, Alves LR, Silva MF, Camelo SHH. Supervisão de enfermagem para a integralidade do cuidado. Rev Bras Enferm [Internet]. 2017 fev [acesso em 2019 ago 01];70(5):1165-70. Disponível em: http://www.scielo.br/pdf/reben/v70n5/pt_0034-7167-reben-70-05-1106.pdf doi:http://dx.doi.org/10.1590/0034-7167-2016-0491

7. Polit DF, Beck CT. Fundamentos de pesquisa em enfermagem: avaliação de evidências para a prática da enfermagem. 9ª ed. Porto Alegre: Artmed; 2019.

8. Flanagan JC. A técnica do incidente crítico. Arq Bras Psicol Apl [Internet]. 1973 [acesso em 2015 fev 02];25(2):99-141. Disponível em: http://bibliotecadigital.fgv.br/ojs/index.php/abpa/article/viewFile/16975/15786

9. Dela Coleta JA, Dela Coleta MF. A técnica de incidentes críticos: 30 anos de utilização no Brasil na psicologia, administração, saúde e educação. Taubaté: Cabral Editora e Livraria Universitária; 2004.

10. Bardin L. Análise de conteúdo. Lisboa: Edições 70; 2011.

11. Garcia AB, Maziero VG, Rocha FLR, Bernardes A, Gabriel CS. Influência da cultura organizacional na gestão participativa em organizações de saúde. Rev Pesqui Cuid Fundam [Internet]. 2015 abr-jun [acesso em 2015 nov 06];7(2):2615-27. Disponível em: https://www.redalyc.org/pdf/5057/505750946039.pdf doi: 10.9789/2175-5361.2015.v7i2.2615-2627

12. Rabenschlag LA, Lima SBS, Eberhardt TD, Kessler M, Soares RSA, Camponogara S. Gestão de qualidade na assistência de enfermagem em unidades de clínica cirúrgica. Rev Enferm UFSM [Internet] 2015 abr-jun [acesso em 2015 out 20];5(2):235-46. Disponível em: https://periodicos.ufsm.br/reufsm/article/view/15891/pdf doi: 10.5902/2179769215891

13. Lima Neto AV, Fernandes RL, Barbosa IML, Carvalho GRP, Nunes VMA. Relacionamento interpessoal entre a equipe de uma emergência hospitalar: um estudo qualitativo sob o olhar de enfermeiros. Enferm Rev [Internet]. 2015 jan-abr [acesso em 2015 maio 22];18(1):75-87. Disponível em: http://periodicos.pucminas.br/index.php/enfermagemrevista/article/view/9371/10328

14. Silva EM, Moreira MCN. Equipe de saúde: negociações e limites da autonomia, pertencimento e reconhecimento do outro. Ciênc Saúde Colet [Internet]. 2015 [acesso em 2015 out 27];20(10):3033-42. Disponível em: http://www.scielo.br/pdf/csc/v20n10/1413-8123-csc-20-10-3033.pdf doi: 10.1590/1413-812320152010.20622014

15. Falcão KOM, Chagas MGR, Bezerra STF, Moura DJM, Cabral RL, Coelho MMF. Relações interpessoais entre profissionais de enfermagem de emergência hospitalar: proposta de intervenção. Rev Enferm UFPI [Internet]. 2014 out-dez [acesso em 2015 abr 04];3(4):95-100. Disponível em: http://www.ojs.ufpi.br/index.php/reufpi/article/view/1959/pdf

16. Camelo SHH. Competência profissional do enfermeiro para atuar em Unidade de Terapia Intensiva: uma revisão integrativa. Rev Latinoam Enferm [Internet]. 2012 jan-fev [acesso em 2015 jan 28];20(1):192-200. Disponível em: http://www.scielo.br/pdf/rlae/v20n1/pt_25.pdf doi: 10.1590/S0104-11692012000100025

17. Oliveira MAN, Rosa DOS. Conflitos e dilemas éticos vivenciados pelo enfermeiro no cuidado perioperatório. Ciênc Cuid Saúde [Internet]. 2015 abr-jun [acesso em 2015 nov 08];14(2):1149-56. Disponível em: http://periodicos.uem.br/ojs/index.php/CiencCuidSaude/article/view/19423/14709 doi: 10.4025/cienccuidsaude.v14i2.19423

18. Lima PC, Sabino KCV, Gouveia MTO, Avelino FVSD, Fernandes MA. Fatores estressores e as estratégias de enfrentamento utilizadas por enfermeiros hospitalares: revisão. Investig Enferm [Internet]. 2015 jul-dez [acesso em 2016 jun 05];17(2):13-100. Disponível em: http://www.redalyc.org/articulo.oa?id=145239088006 doi: 10.11144/Javeriana.ie17-2.feea

19. Leal LA, Soares MI, Silva BR, Chaves LDP, Camelo SHH. Desafios para desenvolver competências no âmbito hospitalar. REME Rev Min Enferm [Internet]. 2018 [acesso em 2019 ago 01];22:e-1099. Disponível em: http://www.reme.org.br/artigo/detalhes/1250 doi: http://www.dx.doi.org/10.5935/1415-2762.20180042

20. Gil RB, Chaves LDP, Laus AM. Gerenciamento de recursos materiais com enfoque na queixa técnica. Rev Eletrônica Enferm [Internet]. 2015 jan-mar [acesso em 2015 dez 18];17(1):100-7. Disponível em: https://revistas.ufg.br/fen/article/view/27544/18951 doi: 10.5216/ree.v17i1.27544

21. Ferreira RC, Griep RH, Fonseca MJ, Rotenberg L.Abordagem multifatorial do absenteísmo por doença em trabalhadores de enfermagem. Rev Saúde Pública [Internet]. 2012 fev [acesso em 2015 mar 12];46(2):259-68. Disponível em: http://www.scielo.br/pdf/rsp/v46n2/3189.pdf doi: 10.1590/S0034-89102012005000018

22. Broca PV, Ferreira MA. Equipe de enfermagem e comunicação: contribuições para o cuidado de enfermagem. Rev Bras Enferm [Internet]. 2012 jan-fev [acesso em 2014 set 03];65(1):97-103. Disponível em: http://www.scielo.br/pdf/reben/v65n1/14.pdf doi: 10.1590/S0034-71672012000100014

23. Hayashida KY, Bernardes A, Maziero VG, Gabriel CS. A tomada de decisão da equipe de enfermagem após a revitalização do modelo compartilhado de gestão. Texto & Contexto Enferm [Internet]. 2014 abr-jun [acesso em 2015 fev 01];23(2):286-93. Disponível em: http://www.scielo.br/pdf/tce/v23n2/pt_0104-0707-tce-23-02-00286.pdf doi: 10.1590/0104-07072014001190013

24. Santos JLG, Prochnow AG, Silva DC, Silva RM, Leite JL, Erdmann AL. Prazer e sofrimento no exercício gerencial do enfermeiro no contexto hospitalar. Esc Anna Nery Rev Enferm [Internet]. 2013 jan-mar [acesso em 2015 maio 30];17(1):97-103. Disponível em: http://www.scielo.br/pdf/ean/v17n1/14.pdf doi: 10.1590/S1414-81452013000100014

Corresponding author:
Lucieli Dias Pedreschi Chaves
E-mail: dpchaves@eerp.usp.br
Address: Av. Banderantes, 3900 – Ribeirão Preto - SP
ZIP CODE: 14040-902

Authorship Contributions

1 –Nilce Mara da Silva
Conception/Development of the project, discussion of the data and final writing of the article

2 – Vivian Aline Mininel
Discussion of the data, writing of the article and critical review

3 – Silvia Helena Henriques
Discussion of the data, writing of the article and critical review

4 – Ana Martha de Almeida Limongelli
Discussion of the data, writing of the article and critical review

5 –Ana Paula Pereira
Data collection/discussion and critical review

6 – Lucieli Dias Pedreschi Chaves
Conception/Development of the project, discussion of the data and final writing of the article

How to cite this article