

CHALLENGES FOR MOBILIZATION OF MANAGEMENT SKILLS BY NURSES IN EMERGENCY ROOM¹

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ABSTRACT

This is a qualitative and descriptive study conducted with eight nurses of an emergency department at a university hospital in Southern Brazil, which aimed to identify facilitators and difficulties to managerial competencies mobilization by the nurse in the emergency care unit. It used semi-structured interviews and the data were processed by Content Analysis. The factors that were considered by respondents as facilitators were: professional training, autonomy and good interpersonal relationship between nurses and multi-professional team. With regard to the interferences, respondents listed: lack of incentive for professional training, ignorance of the nursing management sector's reality, inadequate patient flow, inadequate physical and human resources. It is concluded that mobilizing managerial competencies is essential for professional nurse practice, preached by the academy and guaranteed through the legal basis that govern the profession. However, obstacles are encountered in the workplace, to put this into practice, it is important to identify the driving forces to overcome the interferences.

Keywords: Nursing. Emergency nursing. Nursing administration research. Practice management.

INTRODUCTION

The increasing changes in health services led to transformations in nursing work and specifically, in the role of the nurse, who assumed more administrative responsibilities. These, in turn, demanded that the mobilization of professional skills from a broader concept, in which combinations of knowledge, skills and attitudes are evident in his act professional, and recognized as such in social relations, teamwork, and within institutional⁽¹⁾. One of the managerial skills include those that create an environment that encourages learning so that workers can acquire and exercise other powers freely⁽²⁾.

The different sub-processes that comprise the work of nursing process need to develop articulately in practice, with a focus on care. However, there is a divergence between this idea and the demands of health services in the nurses, because for the institution, the managerial functions performed by them must intended for the production in order to meet the capitalist principles, and not necessarily to

the nursing care⁽³⁾.

Even though the managerial function of the nurse is a kind of activity and care is the activity order, not rarely, there are institutional demands that overlap at this everyday care professional, generating an inconsistency with actions that aims bureaucratic acts and not managing mobilized taking care as focus⁽³⁾.

It known, however, that the management performed by the nurse based only in logic and in the mechanical control of the activities required of this professional profile is different today. In addition, it causes the health institutions provide conditions for nurses to act increasingly distant from the practice of considering management and care as watertight elements and that this professional category is aware of the need of continuous search for knowledge that support their actions, glimpsing a quality assistance⁽⁴⁾.

When reporting such considerations for the environment of care in health emergencies, where the performance of the professionals there involved need greatly to be effective and efficient in short time, it should be noted that there is no room for a managerial practice

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imprecise, since inadequate care management in this environment can lead to serious damage to clients that there the door.

Given this fact, empirically, it noticed, from the experience in a hospital emergency service, for managing of nurses, many were the challenges in mobilizing competencies. Understanding that the first step to improve a reality is to diagnose obstacles experienced there and the strengths to reinforced, there was the genesis of the present study, with the objective of identifying the elements that facilitate and those who hinder the mobilization of managerial skills for nurse in an emergency room (ER).

METHODOLOGY

Descriptive qualitative research developed in the emergency room (ER) of a Philanthropic South-Brazilian University Hospital, adopted by the committee of ethics in research under Protocol No. 7799-08 and with certificate of introduction to Ethics Assessment (CAAE) n. 0128.0.081.000-08.

Defined as a criterion for inclusion of participants in research: being a nurse in the emergency room for more than six months. As a criterion for deletion, we opted for nurses away for vacation or other reasons. The service consisted of 10 nurses who met these criteria and all were invited, but two refused. Therefore, eight nurses operating in this sector have agreed to participate in the research and signed an informed consent.

The data collected from February to April 2009 by means of semi-structured interviews as investigatory option, engraved with permission of participants and addressing the following questions: what are the elements that facilitate and which ones makes it difficult on managerial skills mobilization in PS?

The information handled through content analysis⁽⁵⁾. This kind of analysis occurs in three stages: the pre-analysis (transcription of recorded speeches of participants in order to constitute the *corpus* of text to be worked), the exploration of the material (transformation of raw data into nuclei of comprehension of the text) and the processing of results (during which are made inferences and interpretation of findings, with support of literature addressing

the theme and using participants' speeches diachronic)⁽⁵⁾. This process has used the procedure "for boxes"; where the system of categories provided and divided the elements as found⁽⁴⁾. The categories, exemplified with excerpts of the speeches, discussed with related literature. The lines that illustrate the categories were coded as EE1 to EE8 (interview with nurse an interview with nurse eight) in order to preserve the identity of respondents.

RESULTS AND DISCUSSION

Content analysis permitted the emergence of facilitators and the process for managing the PS study scenario, as described in the sequence.

ELEMENTS FACILITATORS

The elements that facilitate the mobilization of managerial skills listed by the nurses were the professional qualification, the autonomy and good interpersonal skills.

The professional qualification as a facilitator of raising managerial skills shows the following clipping of lines:

Without a doubt, a cohesive team, which seeks to update your knowledge in emergency, eases the management of nurses. I personally always try to study things from my everyday life and problems I encounter in professional life. It becomes easier to solve the difficulties of the place of work when we seek knowledge about the issues experienced in practice. (EE5)

The constant updating of knowledge can act as a facilitator of professional practice of the nurse, and the development of managerial skills depends on several factors, including the continuous search for knowledge, in line with the speech of the surveyed⁽⁶⁾.

This search is desirable and necessary, but it cannot be just a single initiative, should be a policy and an institutional responsibility, as advocated by the National Policy of permanent education, as it collaborates in the organizational development beyond the individual⁽⁷⁾.

Survey respondents recognize this fact:

The more I know my place of work, the more I know of their problems, their difficulties and so can run after studying about it, share it with the

team and with other colleagues. This facilitates my management, no doubt. Only that is not all, also part of the hospital, you need to promote this issue. The hospital also has an interest that I am a professional with knowledge and therefore I think it should encourage that my quest for knowledge. (EE8)

Another factor facilitator referred to by participants was the autonomy of nurses, especially concerning the decision-making process:

[...] we have a certain autonomy to decide on a day-to-day basis and it collaborates for proper administration of the work of nurses. (EE1)

Partial Autonomy in my duty to make decisions according to the day-to-day problems helps administer my work. (EE8)

Managing in nursing requires decision-making and this depends on the degree of autonomy. It noticed that the lines refer to a clinical and administrative autonomy. This is restricted to the sector in which they operate, specifically in his work shift and with their respective nursing teams, not extrapolating the visibility to higher hierarchical levels.

Managing sub-processes corresponds to one of the components of the working process of the nurse and the legitimacy of this practice is rooted in his law of professional practice⁽⁸⁾, and must be built as competence along the academic training⁽⁹⁾. So, the nurse needs to effective autonomy of management, demonstrating consistency of participants to consider it as a facilitator for the mobilization of such competences.

Considered as a facilitator, still, good interpersonal relations among nursing teams:

The proper relationship between the nurses and with my team of technicians increases the commitment and helps me manage the day-to-day. (EE3)

Although there are structural factors in the nursing profession and the relationship of this to the other categories of health related to the asymmetry of power, it is a fact that the sum of the powers of each of these greater effectiveness of culminates in the shares offered to users.

Teamwork shows up as part of the entire work in health and has a particular significance, expressed by several dimensions in accordance

with the context⁽¹⁰⁾. Given that, in accordance with the design of the surveyed, the better the relationship between the components of a team member, as well as between the different teams, the greater the chances of success of this professional Web.

In nursing, the search for a role based in relations shows already in the legal bases that guide the formation of nurses towards an ethical and humanist paradigm, as advocated by DCNs⁽⁹⁾. However, it remains a challenging reality⁽¹⁰⁾.

Thus, interpersonal relationships emerge as powerful tool to serve the teamwork efficiently and effectively, which shows kinship with the opinion of the participants, the facilitator management element considered in your work process.

PROCESS ELEMENTS

Although the subjects acknowledge the need for an educational process to manage, point out the lack of incentive to qualification as dificultadora to its execution:

The institution does not invest, encourages or facilitates for the professional if recycle or investing in courses, congresses, symposiums, specializations, etc. To make a specialization we have to generate Bank of hours, fill out a bunch of excuses, because neither the load time released [...]. (EE2)

The investment in human resources is also institutional role, empowering them through course offerings and enabling their participation in graduate programs or courses of practice⁽⁶⁾. In convergence, the Ordinance GM No 2,048/2002 national policy Attention to the emergency room, points out that hospital that have PS should provide update of those who work on attention to urgencies/emergencies⁽¹¹⁾.

Permanent education can be viable if given the focus on continuous update that seek to innovate and meet the needs of updating the work, provided that the institution undertakes, together with the professional, in order to facilitate the planning or participate and also develop education actions. Thus, it should note that the educational process is the responsibility of both the institutional and the individual ball⁽⁷⁾.

Additionally, emerged as the account in maintaining that there is ignorance of the reality of the sector by nursing management:

What else hinders my life while Manager of the sector is the lack of nursing management notion of what really happens around here? There are certain determinations that are incompatible with the reality that we experience in PS, very peculiar who says Manager, but you don't know what occurs in sectors because only stays in a room calling us all the time to ask things [...] (EE3)

The nursing management posture referred to by subject points to a managerial model vertical, approaching the bureaucratization of the activities and distancing himself more horizontal administrative templates taken as ideal today.

The recognition of the organizational environment with the identification of formal and informal structure facilitates participation in the communicational flow and planning of activities related to nursing care⁽¹²⁾.

The structure of the nursing service of the institution shows a vertical communication and extremely formal, that takes place in a descendant. This features the traditional management, which can provide significant distance between directors and the operational level, which prevents the rapprochement between the leadership and their subordinates, establishing a hierarchical relationship rigid and impersonal.

Complementing the management systems with components of the classical Administration, formal structures and obstinate Verticalized not respond more to the demands of managers, workers and of users of health services, because it favors the distance patient care by the nurse. Causes this professional engage exaggeratedly with bureaucracy, leaving care and direct presence by the nursing staff for the background⁽¹³⁾.

They did mention the *status quo* prioritization by the figure of the nursing Manager, while the nursing coordination of PS is receptive to proposals for change, as can be seen below:

Nursing coordination is receptive to new ideas, although these ideas usually bump into management of nursing [...] Nursing management does not like change, you do not want to bother with the PS. (EE2)

The power, as well as the culture, and relations takes place in daily practices and, as the mechanisms of power keep the same values, beliefs and ideologies; also act on maintenance of the *status quo* as reinforcement of organizational identity.

In this context, other than reported by the nurses, the leader must be an agent of change, a source of confrontation to the *status quo*. Requires understanding the organizational culture and aligning institutional aspirations and those of their subordinates⁽¹⁴⁾.

Nurses cite inadequate patient flow and its aftermath as an obstacle in his working process, as shown in the following: clipping

There is a quick flow to treating patients, getting these in PS until the release of a vacancy; and as I said, we have to run after those vacancies in other sectors. In addition, not all patients characterized as emergencies. (EE2)

This question of institution does not prioritize the dynamics of the flow of patients to the ER is in considerable discomfort, nurse once results in accumulation of inpatients with different profile from those that require emergency care.

The reality reported by surveyed evidenced in the literature. Despite the influx, as proposed in the structuring of the hierarchical model of attention, this is not always clear to users, which ultimately understand the emergency services as a gateway of the public health system. To provide access to patients who arrive there by spontaneous demand and that, for the most part, seek simple consultations and calls for basic care, these scenarios tend to be overcrowded, with cases that could be resolved in the primary level of attention⁽¹⁵⁾.

The fact that there is stagnation of patients whose clinical frames do not fit the profile considered as emergency leads to the trend of declining quality nursing care and overload of the professionals who must take care of the customers that there the door in addition to awaiting relocation in other units of the institution, as illustrated in this line:

The overcrowding of the urgency that causes the employee to become overloaded and cannot provide adequate assistance. (EE6)

Strengthened, then, the dialectic between pleasure and pain experienced by nurses

emergencistas, that to succeed in a sit down full service satisfaction. However, they inserted in a system whose structural bases does not always favor the dynamics required for nursing care in this context⁽¹⁶⁾.

Still with regard to this point, there was reference to the difficulty of transferring the patient admitted to the destination sector, by the resistance that the nurse must receive:

[...] when we found a bed, we have to keep pressing to convince fellow nurse that sector so that the patient up. This is absurd in the emergency room! (EE3)

In addition to influence in the administration of the time, the context that line allows to assert that the difficulty of communication in the institution goes beyond that referred to by subject regarding nursing management and settles among the nurses of different sectors, demonstrating the lack of global vision of organization on the part of these professionals. All this reality can focus significantly on the quality of the assistance provided, because the conditions and organization of work influence directly on the agents careers both motivational and productivity⁽¹⁷⁾.

Another factor considered difficult for the managerial process of the nurse in the ER refers to inadequate physical resources. Begins by highlighting the facilities:

The institution does not have a policy of preventive maintenance, which constantly generates repairs of equipment without replacing it with a reservation [...]. (EE2)

Absence of sufficient equipment and old equipment, which present defects frequently, is a major obstacle to work well around here. (EE5)

In our country, the mismatch between the demand for work and material resources is remarkable characteristic in different environments health institutions⁽¹⁶⁾.

On this information and whereas the management developed by nurse must possess care focused, coherent understanding of the subjects that the inadequacy of the equipment needs of the clientele plays as difficult this process. This also applies with regard to the physical structure of the sector, complaint mentioned in the explanations below:

There is no physical space suitable for the individualized service of family members and/or escorts. (EE2)

Physical area is inadequate for an emergency service causes the improvisations we do often do not produce satisfactory results. (EE5)

The National Policy of Attention to emergency⁽¹¹⁾ determines the need for adequacy of physical plant hospital emergency units with host based on risk classification, favoring the individualized service and welcoming both the customer about the family. However, in scenario searched, the physical restructuring was in the initial stage on the completion of this survey, what justifies the discourse of the nurses.

Inserted in the difficulties of the Brazilian health services, is the inadequacy of human resources, here punctuated by nurses in two different strands: scaling of nursing staff in deficit and nonspecific selection process.

On the quantification of nursing professionals, the surveyed stressed that:

The workforce reduced and sometimes need to take over tasks of nursing technicians for lack of employee and I do my private activities. (EE3)

The institution always works with minimum number of employees and always with maximum flow of patients, which makes the exhausting work not only for the nurse as to the team. (EE2)

The concern about cost containment by health institutions puts in evidence the cash of nursing human resources, since it is the most numerous professional category in the organization. The increase of human resources the slow steps walks in emergency environments when compared to the number of customers, causing the nursing professionals subjected to high workloads, which entails, among other things, the impossibility of the expression of subjectivity in labor activity⁽¹⁶⁾.

It is imperative, therefore, the need of nurses instrumentalize and show the actual conditions of assistance by making use of appropriate methods for personal sizing. So, can jeopardize the approvers of the proposed framework as to the risks to which customers exposed in the absence of sufficient human resources for the provision of a safe and quality assistance.

It emphasized that nursing is responsible for the provision of care to clients and so requires

qualified human resources and in quantity makes it possible to respond to institutional expectations⁽¹⁸⁾.

There was also reference to the lack of a specific selection process to act in emergency service:

I notice a lot of lack of experience of some staff and nurses to act in emergency, that because there is a proper selection of these professionals to work in this sector and end up hiring people and inexperienced, are no profile to this reality. (EE3)

The selective processes of the healthcare institutions should aim to find candidates with personal characteristics, personality and experience necessary to occupy the positions waives all such claims. Highlights that there is the need of these processes cover the skills required for employment within a context of competitiveness that permeates the globalized world⁽¹⁹⁾. Thus, relevance ranked of the ER nurses to consider a recruitment without foundation in the competencies required by the emergency as ambience of your managerial process difficult.

In counterpoint, it should note that one of the general skills required of nurses is the permanent education⁽⁹⁾. Therefore, as much as for this professional organization it have responsibility in developing this new employee so that he can add productivity to the sector where it operates by means of professional training.

Complement each other in talking about the fact that the DCNs⁽⁹⁾ cherish generalist training of nurses and that the performance of this professional in specialized scenarios, such as PS, requires the pursuit of new knowledge on the part of the trader.

Finally, it has been that the selection process is the gateway for human resources and cannot be an end, but a means of feeding the other processes such as leadership, supervision,

training and development and performance evaluation, essential in personnel management and in the proposals for changes. However, not all health institutions have a staff development policy geared towards the training of the potential of individuals and professional qualification in order to contemplate together the capture and retention of personnel⁽¹⁹⁾.

In this case, if the formation is generalist, if there is no direction in the hiring of human resources for the PS, the hospital should bear the costs of initial training, or the nurses of the said sector do this, without, however, the institution took over the task of providing learning environment for employees hired.

FINAL CONSIDERATIONS

This study pointed out as facilitators for the mobilization of managerial skills to professional training, the autonomy and the good interpersonal relations among nursing teams and multidisciplinary team, and as a process, the lack of incentives for training, ignorance of the reality of the sector on the part of nursing management, patient flow inadequate, and inadequacy of human and physical resources.

These findings provide a glimpse of the obstacles that found in the world of work and propelling forces to transpose the process. Even though this study has limitations, since it was held at the PS only an institution and, therefore, not possible to confront their findings with different organizational cultures, yet allows you to reflect on different scenarios of nursing practice with possible interventions, and anchor future investigations with a view to increased empowerment of nurses as managers of your worker processing particular in the scenario of emergency hospital services.

DESAFIOS PARA A MOBILIZAÇÃO DE COMPETÊNCIAS GERENCIAIS POR ENFERMEIROS EM PRONTO SOCORRO

RESUMO

Estudo qualitativo e descritivo realizado com oito enfermeiros de um pronto socorro em um hospital escola do Sul do Brasil, que objetivou identificar os facilitadores e os dificultadores para a mobilização de competências gerenciais pelo enfermeiro em um pronto socorro. Usou-se entrevista semiestruturada e os dados foram tratados pela Análise de Conteúdo. Os fatores considerados pelos pesquisados como facilitadores foram: capacitação profissional, autonomia e bom relacionamento interpessoal entre as equipes de enfermagem e equipe multiprofissional. No tocante aos dificultadores, os pesquisados elencaram: falta de incentivo a capacitação,

desconhecimento da realidade do setor por parte da gerência de enfermagem, fluxo de pacientes, inadequação de recursos físicos e humanos. Conclui-se que mobilizar competências gerenciais é essencial na atuação do enfermeiro, apregoado pela academia e garantido pelas bases legais da profissão. Todavia, obstáculos são encontrados no exercício destas competências no mundo do trabalho, sendo importante identificar as forças propulsoras para transpor os dificultadores.

Palavras-chave: Enfermagem. Enfermagem em emergência. Pesquisa em administração de enfermagem. Gerenciamento da prática profissional.

DESAFIOS PARA LA MOVILIZACIÓN DE LAS COMPETENCIAS DE GESTIÓN PARA LAS ENFERMERAS EN LA SALA DE EMERGENCIAS

RESUMEN

Estudio cualitativo y descriptivo realizado con ocho enfermeros de una unidad de urgencias en un hospital enseñanza del sur de Brasil, que tuvo el objetivo de identificar los factores facilitadores y dificultadores para la movilización de competencias de gestión por el enfermero en una unidad de urgencias. Se utilizaron entrevistas semiestructuradas y los datos fueron tratados por el Análisis de Contenido. Los factores considerados por los investigados como facilitadores fueron: capacitación profesional, autonomía y buena relación interpersonal entre los equipos de enfermería y el equipo multiprofesional. A lo que se refiere a los dificultadores, los investigados relataron: falta de incentivos a la capacitación, desconocimiento de la realidad del local por la dirección de enfermería, flujo de pacientes, inadecuaciones de recursos físicos y humanos. Se concluye que la movilización de las competencias de gestión es esencial en la actuación del enfermero, destacado por la academia y garantizado por las bases legales de la profesión. Sin embargo, los obstáculos son encontrados en el ejercicio de estas competencias en el mundo del trabajo, siendo importante identificar las fuerzas propulsoras para transponer los dificultadores.

Palabras clave: Enfermería. Enfermería de urgencia. Investigación en administración de enfermería. Gestión de la práctica profesional.

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