



Meanings of care management built throughout nurses' professional education

Significados da gerência do cuidado construídos ao longo da formação profissional do enfermeiro

Significados de la gerencia de la atención construidos a lo largo de la formación profesional del enfermero

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This study aimed to understand the meanings of care management for undergraduate students, registered nurses and professors during their professional education. It is a qualitative study, based on the Grounded Theory, conducted in a university hospital, between October 2010 and July 2011, with 21 participants in three sample groups (undergraduate students, professors, and registered nurses) and analyzed through Donabedian's reference of health care quality evaluation. The study identified three categories: nurses as managers of material structure and personnel; Nursing management as a dynamic and multifactorial process; Giving to nurses the responsibility for care outcomes and practices and their distance from care practice. This study unveiled the managerial characteristic that has conflicts with the care work process, due to nurses' overload of activities, who are responsible for care structure, process and outcomes conducted by a health team. It is necessary to enhance professional and continuing education to the practice of care management.

Descriptors: Nursing; Health Management; Nursing Care; Education Nursing.

Objetivou-se compreender os significados da gerência do cuidado para acadêmicos, enfermeiros e docentes, construídos ao longo da formação profissional. Estudo qualitativo, guiado pela Teoria Fundamentada em Dados, realizado em um hospital universitário, entre outubro de 2010 e julho de 2011, com 21 participantes em três grupos amostrais, e analisado pelo referencial de avaliação da qualidade do cuidado em saúde de Donabedian. Três categorias foram evidenciadas: o enfermeiro como gestor da estrutura material e pessoal; Gerenciamento de enfermagem como processo dinâmico e multifatorial; Conferindo ao enfermeiro a responsabilidade pelo resultado dos cuidados prestados e seu distanciamento da prática assistencial. Desvelou a face gerencial conflitante com processo de trabalho assistencial, devido à sobrecarga de atividades do enfermeiro, responsável pela estrutura, processo e resultado do cuidado. É necessário intensificar a formação profissional e continuada do enfermeiro para prática de gerência do cuidado.

Descritores: Enfermagem; Gestão em Saúde; Cuidados de Enfermagem; Educação em Enfermagem.

El objetivo fue comprender significados de la gerencia de la atención para estudiantes, enfermeros y docentes a lo largo de la formación profesional. Estudio cualitativo, basado en la Teoría Fundamentada en Datos, realizada entre octubre de 2010 y julio de 2011, con 21 participantes en tres grupos de muestras, y analizado por el referencial de evaluación de la calidad de la atención en salud de Donabedian. Tres categorías fueron identificadas: enfermero como gerente de la estructura material y personal; gerencia de enfermería como proceso dinámico y multifactorial; confiriendo al enfermero responsabilidad por el resultado del cuidado ofrecido y su distanciamiento de la práctica asistencial. Se desveló la faz gerencial confrontante con proceso de trabajo asistencial, debido a la sobrecarga de actividades del enfermero, responsable por la estructura, proceso y resultado de la atención. Es necesario intensificar la formación profesional y continua del enfermero para práctica de gerencia de la atención.

Descriptores: Enfermería; Gestión en Salud; Atención de Enfermería; Educación en Enfermería.

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Introduction

Nurses' working process can be divided into two main and complementary spheres: watch/take care and administer/manage. In the care dimension, nurses take as the object of intervention the nursing care needs and they aim at a comprehensive care to patients. In the managerial dimension of their activities, nurses' purpose of performance is work and human resources organization in Nursing, in order to create and implement adequate conditions for the production of care and performance of the nursing staff. To do so, they have means and technical tools of management, such as: personnel dimensioning, planning, continuing education, supervision, performance evaluation, activities that require advanced managerial skills, either through occupational or supplementary education⁽¹⁻²⁾.

Following this line of thought, management appears as a "means activity", which is directed to the "end activity", which is care, ie, Nursing care management has as its foundation the relationship between care and management dimensions of nurses' working process⁽¹⁻²⁾.

The management of Nursing care mobilizes actions in relationships, interactions and associations among people as complex human beings who experience the organic nature of complex and multidisciplinary care system. This function is composed by Nursing and integrated health teams with their own managerial competencies/skills/talents or linked to nurses' professional activities. The complexity of nurses' management practice involves multiple management actions, taking care and educating, taking care, managing and educating, building knowledge within hospital care, coordinating various hospital services in search of a better quality care as they're citizens' right⁽³⁾.

Comprehensively, actions to manage and take care are present in nurses' discourses and practices, especially in hospital settings. What still seems to be a reality, however, is a lack of understanding of care

management's concept, making these professionals divide their administrative and care activities as if they were two conflicting spheres. This scenario should not be present nowadays, as the precursor of modern nursing, Florence Nightingale, in her studies, made clear the importance of administrative knowledge and skills as well as the influence of this practice on patients' care⁽⁴⁻⁵⁾.

This dissociation between management and care may be related to the historical influence of Taylorism/Fordism, of classical management and of the bureaucratic model of work organization and management in the health sector. Among the main characteristics of these models there is the fragmentation of work with a separation between creation and execution, the management control of the production process associated with a rigid hierarchy, streamlining of the administrative structure, impersonality in interpersonal relationships and emphasis on systems of procedures and routines⁽⁶⁻⁷⁾.

Otherwise, one also questions the conceptions of dualistic work process that separates the care and management functions, when seen from their purposes and work tools. The evolution of the vision of a whole and a part brings new possibilities of concepts that expand views and indicate possible new creative constructs.

Still, due to the seizure of new realities, there is also the need to incorporate new knowledge and actions to nurses' managerial practice, such as relational, ethical, political and humanistic competence. Then, many questions about the configuration of Nursing administration have been raised, stressing the need to develop innovative and interactive ways to manage Nursing. The expectation is that such innovations seek to overcome the boundaries of traditional institutionalized care, based on administrative processes grounded in positivism's and determinism's thinking⁽³⁾. However, existing models of management practices and organizational structures seem to have changed little, or are even more deterministic and structuralistic.

Professional training is an important factor so that changes to learn and build new knowledge and practices for nurses in relation to the organization of Nursing care in hospital settings can happen⁽⁴⁾. For the advancement and strengthening of the incorporation of managerial skills it is necessary to rethink nurses' education, seeking to overcome the dichotomy between care and management, providing Nursing students diverse experiences throughout their education⁽⁸⁾.

In nurses' training for care management it is important to equip students in order to expand the network of relationships with competence/ability/power of thought to generate interactions. The competence/ability/power of nurses for care management should focus on promoting a broader vision of care in the network relationships, enabling them to attitudes that consider the field of practice of collective labor; interdependence, complementarity, sharing, cooperation, competition, consensus, negotiation, demonstrating know-how on the specificity of the work and/or nursing knowledge⁽⁹⁾.

From the scenario above, the question is: What are the meanings of care management built over nurses' training? To answer this question, it was proposed the following objective: To understand the meanings of care management built throughout nurses' professional education, from the perspective of undergraduate students, registered nurses and professors.

Method

This is a qualitative study guided by the methodology of Grounded Theory (GT)⁽¹⁰⁾.

Data were collected in a Nursing undergraduate course from a federal public university in southern Brazil between October 2010 and July 2011. Twenty-one participants, divided into three sample groups were interviewed. The first group was composed by 8 students in order to know how they understood

the approach to care management throughout their professional training process. From these initial interviews, came the interest to explore this issue with professors. Thus the second sample group was formed with 6 nursing professors. As both students and professors mentioned the importance of nurses' participation in the teaching of care management process, the third sample group was composed of 7 nurses who worked in the supervision of the supervised training in management and management in nursing and health.

The composition of these three sample groups aimed at a better understanding of the investigated phenomenon and scope of the theoretical sampling, as suggested by the GT. Thus, members of the sample groups were selected purposefully targeting the choice of individuals who could provide the best information regarding the problem under study, such as: students who had already taken the course management in nursing and health, professors who taught classes in this curriculum component and registered nurses with expertise in monitoring students in supervised training whose focus was the development of managerial skills, competencies and attitudes.

The interviews were conducted individually recorded on an electronic audio device and transcribed. For data analysis, one conducted an open, axial and selective coding, which allowed the development of codes and the identification of explanatory categories of the phenomenon investigated. In the open coding, each incident is coded line by line into as many subcategories of analysis as possible, seeking to understand their meaning from the experience of the research participants. After this step, the axial coding is done, when codes are grouped by their conceptual differences and similarities forming categories that are named temporarily with names that are more abstract than the codes. In the selective encryption, the last stage of the data analysis process, occurs the integration and refinement of the categories in such a way that they are organized around a central

explanatory concept⁽¹⁰⁾.

Considering the close relationship between care management, the current managerial and structural models and the quality of care in health services, one adopted as a theoretical framework for the preparation and organization of the categories the elements that compose the modeling constructs of Avedis Donabedian, precursor of assessment of quality of care in health services concerning technical performance and personal relationships: Structure, Process and Outcomes. This framework proposes to establish the degree of success of health related professions, in a constant and preventive self-management, deterrent to exploration or incompetence. Qualitative evaluation of health care should be analyzed in *structure* (Material, personnel, training, etc.), in the implementation *process* and in the *results* achieved⁽¹¹⁾. This approach, although deterministic and structuralistic, still fits the models of existing practices.

The study was approved by the Ethics Committee of the institution of reference (certificate No. 966/2010). The study participants were informed about the research objectives, and they could give up at any stage, without implications, and when they agreed voluntarily to participate, signed the consent form. To ensure the confidentiality of identity of the participants, the statements obtained were identified by the letter "S" students, "P" professors and "N" nurses, followed by an ordinal number.

Results

From the interpretation of codes and preparation of analytical categories and subcategories, it was understood that among students and nurses there was a greater convergence of encodings, and that professors focused their speeches in professional training of Nursing management and health. A summary of findings related to the professional training in management of Nursing care and the

elements of the theoretical framework of the qualitative evaluation of health care are presented in Figure 1. Subsequently, it is presented a descriptive analysis of the study results.

Components	Meanings of care management	
Structure	Nurses as managers of material resources and team work	Acting in the management of materials and people, as manager of the structure for care
		Considering the fundamental professional and continuing education in order to improve the quality of management actions
Process	Nursing management as a dynamic and multifactorial process	Defining the Nursing process as structural for quality care
		Promoting the necessary connections for multi and interprofessional care
		Considering the demand of bureaucratic activities
Result	Giving to nurses the responsibility for the care outcomes and their detachment of care practice	Being responsible for the quality of care provided
		Pointing result of care management hampered by the demand for managerial resolutions

Figure 1 - Summary of the meanings of care management built along the professional training in Nursing, according to the components of Donabedian's reference

Category 1 - Structure: Nurses as managers of material resources and team work

Subcategory: Acting in the management of materials and people

The sizing and distribution of the workforce and provision of material resources for the conduction

of care were cited as managerial responsibilities of nurses regarding the responsibility for structuring the unit or the health service. *The management of health and Nursing care is a group of actions that nurses develop in their daily activities, which include human resource management activities, the work division and distribution of the professional Nursing team and management of resource materials (N3). It includes everything, the patient's care itself, the care that he needs to have in the right time, available materials so that I can do this procedure correctly at the right time (S6). Care management involves the management of materials, people, conflicts (S8).*

Subcategory: Considering professional and continuing training as fundamental to improve the quality of management actions

The quality professional training was identified as an important action for the development of Nursing management in health institutions. It was possible to identify in the interviews, concern about the training of future nurses related to knowledge on health management. *We, as professors, have a lot of criticism regarding the whole process of training of these nurses who will graduate here. But when they are in the seventh semester, they get it right. But this is a defect of our education as a whole, in the way the University works (P4).*

Survey participants also mentioned the importance of lifelong education in the context of nurses' managerial work. *Working with the question of continuing health education, social control, work control and evaluation of tutoring, we really only study at the end and do it superficially (P6). Organization for both the team and the sector where they work, in the sense of both recruitment of staff and a continuing education within the unit where this nurse works, to maintain quality of service and knowledge of the team itself, because there will be a much more cohesive team, "speaking one language" (S5). It also include education activities of the professional staff (N3).*

Category 2 - Process: Nursing management as a dynamic and multifactorial process

Subcategory: Pointing Nursing process as the organizing axis of care

To establish quality care, it was pointed as a necessity the development of the Nursing process, considered as the foundation of the *Sistematização da Assistência em Enfermagem (SAE)* [Nursing Care System]. SAE consists of phases or steps that involve: research/history, diagnosis, planning, implementation and evaluation⁽¹²⁾. In this way of thinking, the managerial consolidation of quality nursing care is needed to structure the Nursing Process. *The management of health and Nursing care is the set of actions that nurses develop in their everyday practical activities, either when planning and evaluating care through the care systematization, or when delegating or performing care, during the supervision of care (N3).*

Subcategory: Promoting the necessary connections to an interdisciplinary care

Interdisciplinarity in healthcare is a growing and desirable need, given the multiple interactive elements involved in human care. The management of a good interpersonal relationship is crucial to maintain the quality of health care. *It's having a good harmony with the team to be able to give assistance. It's having a good interrelationship between sectors so that they can work together in a great way, to bring a better outcome for the patient. It is care that belongs to Nursing, but also encompasses the care of a psychologist, a doctor, a nutritionist, and the sum of all this will provide care to patients. So I think that care management is to try to organize and manage all these factors that there are within the hospital for better care of the patient (S6).*

Subcategory: Considering the demand of bureaucratic activities

It is nurses' role to direct the activities of the unit in health care, whatever their level of complexity is. Thus, Nursing management passes from the area of assistive care, developed in the

intervention and development of SAE, such as factors of organizing physical space, human resources issues, to bureaucratic demands related to managerial dimensions. *Organization for both the team and the sector where they work, in a sense of staff recruitment and a continuing education to maintain the quality of service and knowledge of the staff. Also, there are those very bureaucratic assignments of records and materials, orders. That's what I imagine as Nursing management* (N5).

The administrative demands, dedicated to maintaining the structure and management of functional processes, expressed in the material and personal resources of management, represent a large portion of Nursing work's process. *The care management, and even what we try to work in the course, is that it has two dimensions: care when we will supervise the Nursing staff, direct care that you often have to intervene to stop the paperwork from interfering with care and management demands, providing inputs, providing quality, etc. It all comes from a very bureaucratic demand assumed by the figure of the head nurse at the university hospital* (P3).

Category 3 - Result: Giving nurses the responsibility for care outcomes and their detachment of care practice

Subcategory: Understanding nurses as responsible for the care provided

In this subcategory, one points nurses as agents that coordinate the care offered. According to respondents, in the allocation of nurses for care management stands out their role as articulators of all care activities. In addition, nurses work in the organization of work of the nursing staff, and with the management of inputs that enable the achievement of health care and development of health education activities and continuing education for the Nursing staff. *They also include educational activities of both the healthcare staff and customers, and also a connection and integration with other professions and other units related to the service* (N3).

Subcategory: Pointing care outcome hampered by the demand of managerial resolutions

In this subcategory, interviewees marked that nurses accumulate management functionality and dynamics of the care process, which is shaped by care demands that emerge in daily work. In this sense, at times, nurses move away from care practice, giving their teams most of such activities, under their supervision, acting only in more complex demands or when requested by the nursing technicians/assistants to do their intervention or assistance. *And management happens according to the necessity, because it is not something predetermined, it is very dynamic and it requires a lot of nurses here* (N1). *If I don't know how to plan, managing care becomes a fireman's job and then I see that the nurse is lost because then the technician becomes the main performer. The nurse will only act when the technician asks for help, "Look, I tried punching that vein and I could not." He calls the nurse* (D5).

A revitalization of the managerial importance exercised by nurses should be disseminated in the training processes, be they professional throughout the undergraduate course or continuing education in health services, as mentioned by the research participants. *We notice that there are trained professionals still working empirically, starting almost from common sense and who lack scientific basis* (S6). *I think that it (the training process) must have a minimum when it comes to the themes of management and administration. Planning, control, assessment, nurses have to know how to make decisions, have to learn to communicate formally and informally. In addition to the specific technical knowledge of care, care management must have an administrative look of provision of supplies, of labor content* (S1).

Discussion

It was possible to identify in the interviewees' statements the participation of nurses in the organization of the structural conditions for the conduction of health and Nursing care. This structure corresponds to the physical conditions of materials

and instruments for care, but also in the management of people and conflicts. An important point in the Nursing work process is being careful with the amount of workers needed to develop the daily care activities, through the development of work schedules, as mentioned by previous studies^(2,5).

In this sense, managing care can be considered as an art of the Nursing work process. Therefore, these professionals use managerial instruments, through which they organize health work, allocating human and material resources necessary so that patients' care and assistance are developed under favorable conditions within healthcare institutions⁽¹³⁾.

Concerning the attention given to professional training in the developing and strengthening of skills for Nursing management, it is considered that higher education has a profound influence on the development of a differentiated nation. Investing in the education of health professionals is to see reflected the desire to change and improve the quality of education of future health professionals. The change starts in the qualification of teaching to these students. It is imperative that undergraduate programs target those students seeking to develop a humanized quality care.

When building a concept of quality care, professionals' education plays a decisive role. In this aspect, the continuing education of health professionals has been considered as an instrument of change and transformation in society. These transformations have repercussions in the ways of producing humanitarian actions in different fields of health study⁽¹⁴⁾.

Continuing education is inseparable from the practice of health professionals. Rethinking the way they act and looking for new ways to develop their work, looking for excellence of care, are different actions in which manager nurses rely on to attend human beings in a holistic way. Moreover, it is necessary to plan the qualification of these professionals, conducting continuing education for the healthcare team, as mentioned by the participants in Category 1. The practice of continuing education

renews professionals' knowledge, fostering new ways to develop a humanized care quality⁽¹⁵⁾, becoming one of the spheres of action for nurses in care management.

In this same code of expression of the importance of education and its influence on the resulting work and care, the weaknesses in Nursing management education are also expressed. It is common to have nurses in the role of managers, without having been prepared for this. Guiding these professionals and providing a basis for the development of their administrative activities is a key to the excellence of the managerial Nursing work.

The Nursing Process, as scored in Category 2, has been representing the main methodological model in the systematic development of professional Nursing practice. Solidified as a technological tool that enables care, fundamental in the organization of procedural conditions for the achievement of care and also used to document all professional practice, this instrument consists of a means, not an end in itself⁽¹⁶⁾. So the Nursing Process, when established and applied, is presented as an organizing axis of Nursing practice, enhancing the quality of health care.

Concerning the administrative activities, focused on the structure and management of functional processes, it is nurses' role to control and directly supervise care, control employees from the unit, manage administrative issues such as preparation of monthly schedules and holidays, organize the health care team's work. They have participation in decision making and in the implementation of care, forecasting, supply and storage of materials, control, check their preparation and supervision of care provided by other Nursing workers. Nursing technicians and assistants work under the technical responsibility of nurses⁽⁵⁾, which highlights the importance of their role in supervising these professionals' work.

It is noteworthy that the final product of the care given, considering the quality of health care involves the implementation of standards and the meeting of patients' and families' expectations. Throughout the service conduction, including the health sector, the

consumption of the final product happens at the same time as the process develops, a characteristic that makes it difficult the assessment⁽¹¹⁾. So one reinforces the idea that care management is a competence conferred to nurses and that it is associated with the quality of care, with working conditions and with the relationship between assistance and management in the care process^(2-3,5). Thus, considerations of the respondents reflect the involvement and the extent of nurses' managerial performance.

The managerial work that the nurses' perform includes besides healthcare and educational activities, actions that are related to interpersonal relationships that are established between professionals working in health institutions. This interdisciplinary interaction enhances the management of health care and guides a comprehensive care to patients^(1,5). Thus, nurses manage the organization of the unit, the plan of nursing care activities, supervise the issue of use and disposal of physical, chemical or biological material and articulate the continuing professional education of the nursing staff and health education with patients and their families corroborating results of a previous study⁽⁵⁾.

Results of Category 3 show that there are still difficulties in the articulation of management actions and assistance in the Nursing work process and, consequently, there is a certain distancing of assistance in relation to management. Therefore, one stresses the importance of integration between assistance and management for improved patient's care, the focus of all health actions^(2,5,17).

Given the managerial demands on structure, process and outcome with quality of care, nurses are in the midst of a paradox: if on the one hand, management is directly linked to the quality of care, on the other hand this quality also demands technical supervision to be successful. It is conjectured that nurses, even being a foundation for care management (structure, process and outcome), still excels care procedures as more valuable in their work process.

The importance of Nursing management practice being based on principles and theoretical models, as reported by the participants in this study, has also been highlighted in the literature, which emphasizes the need for management practices as well as methods of "trial and error" or actions based on professional experience^(5,8-9). Thus, it is necessary to transpose the educational process of undergraduate nursing students about the managerial aspects, equipping it to a converging professional practice, dispelling dichotomies between management and assistance, as well as overcoming the existing deterministic and structuralistic models.

Final Considerations

This study allowed the comprehension of meanings of care management built throughout nurses' professional education, from the perspective of undergraduate students, registered nurses and professors. To organize these meanings, one used the elements of modeling of Avedis Donabedian to assess the quality of care in health care: structure, process and outcomes by setting three categories: Nurses as managers of materials structure and personnel; Nursing management as a dynamic and multifactorial process; Giving nurses the responsibility for the outcome of care and his detachment of care practices.

Thus, it became clear that nurses' managerial work enables the proper functioning of labor in health care in terms of structure. In the process dimension, it is highlighted the use of the Nursing Process and the articulation of professional actions and the promotion of teamwork by nurses. Regarding the outcome dimension, nurses play an important role in the search for quality care by developing practices that go beyond just bureaucratic resolutions. The study also reveals a conflicting face with managerial process of care work due to an overload of activities of nurses responsible for the structure, process and outcome of care accepted by the healthcare team.

The results of this study may support reflections on care practice in Nursing, care management and nurses' professional training and on managerial and/or organizational models. Further research is needed to deepen the relationship between these aspects and clarify the specifics of Nursing practice, especially in relation to the dimensions structure, process and outcomes of health services and possibilities to move towards new models of Nursing management. It is also suggested to expand the discussion of the concept and practice of care management throughout the academic Nursing education as well as an intensification of professional and continuing training that leverages nurses for more advanced and less dichotomized practice of care management.

Collaborations

Senna MH, Drago LC, Kirchner AR and Santos JLG contributed to the creation, organization, analysis, interpretation of data and writing of this article. Erdmann AL and Andrade SR contributed to the guidance and orientation of its construction, as well as its critical reviews in its various stages.

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