

AUTONOMY OF NURSES WORKING IN ADULT INTENSIVE CARE UNITS

Autonomia do enfermeiro em unidade de tratamento intensivo adulto

Autonomía del enfermero en unidad de tratamiento intensivo adulto

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ABSTRACT

Objective: The study's main goal has been to understand the intensive care nurses' viewpoints on the exercise of professional autonomy. **Methods:** It is a descriptive study with a qualitative approach. Data collection took place from October to November 2017 by means of semi-structured interviews. The participants were nurses working in the adult ICU and adult intermediate care unit (IMC) of a university hospital located in the center of Rio Grande do Sul State, Brazil. The collected data were submitted to thematic content analysis. **Results:** Data analysis allowed the establishment of the following thematic categories: "Nurses' professional autonomy in an adult ICU" and "Facilitators of, obstacles to, and strategies for the exercise of autonomy by nurses in an adult ICU". **Conclusion:** It was concluded that the exercise of autonomy is related to technical-scientific knowledge, time of professional experience in the unit, and need to maintain a good interpersonal relationship with the team members.

Descriptors: Professional autonomy; Nurse; Work.

RESUMO

Objetivo: Conhecer a percepção de enfermeiros atuantes em unidade de tratamento intensivo adulto sobre o exercício da autonomia na sua prática laboral. **Método:** A coleta e análise dos dados ocorreu no período de outubro a novembro de 2017. Os participantes foram enfermeiros atuantes em Unidade de Terapia Intensiva e Unidade de Cardiologia Intensiva adulto. A produção de dados ocorreu por meio de um formulário sociodemográfico e entrevista semiestruturada. Os dados foram analisados com base no referencial proposto para análise temática. **Resultados:** Os resultados emergiram em duas categorias temáticas: 'autonomia do enfermeiro na prática laboral em unidade de tratamento intensivo adulto' e, 'fatores facilitadores, dificultadores e estratégias para o exercício da autonomia pelo enfermeiro

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em unidade de tratamento intensivo adulto'. **Conclusão:** Conclui-se que o exercício da autonomia está relacionado ao conhecimento técnico-científico e ao tempo de experiência na unidade, além da necessidade de manter um bom relacionamento interpessoal com a equipe.

Descritores: Autonomia profissional; Enfermeiro; Trabalho.

RESUMEN

Objetivo: Conocer la percepción de enfermeros actuantes en unidad de tratamiento intensivo adulto sobre el ejercicio de la autonomía en su práctica laboral. **Método:** La recolección y análisis de los datos ocurrió en el período de octubre a noviembre de 2017. Los participantes fueron enfermeros actuantes en Unidad de Terapia Intensiva y Unidad de Cardiología Intensiva adulto. La producción de datos ocurrió por medio de un formulario sociodemográfico y entrevista semiestructurada. Los datos fueron analizados con base en el referencial propuesto para el análisis temático. **Resultados:** Los resultados surgieron en dos categorías temáticas: "autonomía del enfermero en la práctica laboral en unidad de tratamiento intensivo adulto" y, "factores facilitadores, dificultadores y estrategias para el ejercicio de la autonomía por el enfermero en unidad de tratamiento intensivo adulto". **Conclusión:** Se concluye que el ejercicio de la autonomía está relacionado al conocimiento técnico-científico y al tiempo de experiencia en la unidad, además de la necesidad de mantener una buena relación interpersonal con el equipo.

DESCRIPTORES: Autonomía profesional; Enfermero; Trabajo.

INTRODUCTION

The nurses' work in hospitals is focused on the relationship between patients and multiprofessional teams so that care can be delivered to patients.

Nowadays, the biomedical care model is still in force in some situations, in which the physicians are considered as the center of work, while the other professionals are considered as tools with restricted autonomy for the practice of medicine.¹ Each health care worker has different functions, particularities, and objectives in the care process. In view of this, workers of a professional category should perform specific, autonomous, and legal activities. Professional autonomy is characterized by the freedom to work in accordance with the competencies needed for each profession.¹

Concerning the nurses' work, it is necessary to expand the discussions about autonomy in all work environments, relating it to experience and specific knowledge.² In intensive care units, nurses are responsible for managerial and care activities; they should have, among others, specialized technical-scientific knowledge to provide qualified care for patients. As nursing team leaders, they should take the initiative and a proactive role, be capable of establishing relationships, and demonstrate maturity, organization and responsibility.³

In this regard, autonomy is fundamental for the development of health care, which is performed in a collective way by different workers and categories that complement each other and utilize different approaches. Nurses who exercise their autonomy are recognized for their work.¹

Conducting studies on this subject becomes important as they encourage reflection, allowing nurses to adopt an increasingly autonomous posture. It is important to take

action to reinforce professional identity, ensuring quality of care, and greater visibility of nurses.

The research object was the exercise of autonomy by nurses working in adult intensive care units (ICUs) and adult intermediate care units (IMCs). In this context, the following question was developed: "what are the views of nurses working in adult ICUs on the exercise of autonomy at work?" Hence, the objective of this study was to understand the intensive care nurses' viewpoints on the exercise of professional autonomy.

METHODS

It is a descriptive study with a qualitative approach, which was undertaken with nurses who worked in the adult ICU and adult IMC of a university hospital located in the center of *Rio Grande do Sul* State, Brazil. Subjects who had worked for at least one year in the unit were included in the study. Nurses on leave during the data collection period were excluded. In this respect, a total of 13 registered nurses have participated.

Data collection took place from October to November 2017 by means of semi-structured interviews. The nurses were invited to participate in the study before scheduling the interviews, which were conducted during working hours in a private room. The interviews lasted 25 minutes on average. Data collection ended after data saturation.⁴

The interviews were analyzed through thematic content analysis.⁵ This study complied with guidelines of the Resolution from the National Health Council No. 466, December 12th, 2012.⁶ This study was approved by the Research Ethics Committee from the *Universidade Federal de Santa Maria* under the Legal Opinion No. 2326435.

RESULTS AND DISCUSSION

A total of 13 registered nurses were interviewed, 58% of whom were ICU workers and 42% were IMC workers. The participants had 5-27 years of professional experience (2-23 years of professional practice in the institution and 1-21 years in one of the units). Concerning employment, 67% of the participants were civil servants under the *Consolidação das Leis do Trabalho* (CLT) [Consolidation of Labor Laws] and 33% were civil servants under the *Regimento Jurídico Único* (RJU) [Single Legal Regulation].

Data analysis allowed the establishment of the following thematic categories: "Nurses' professional autonomy in an adult ICU" and "Facilitators of, obstacles to, and strategies for the exercise of autonomy by nurses in an adult ICU".

Nurses' professional autonomy in an adult ICU

In health services, mainly in intensive care, nurses are fundamental to the process of delivering care for critically ill patients. The reason is that intensive care is complex and requires a high level of scientific and technological knowledge.

The following statement characterized the work of nurses in adult ICUs:

"[...] it's direct patient care, care, and reception. It's bedside care [...] we need to be in contact with the patient to provide care, caring for him/her, placing our hand, or even giving a bedside bath in order to perform an effective anamnesis". (N3)

N3's statements demonstrated that ICUs are units with very unstable patients, requiring nurses to have skills that go far beyond bureaucratic actions and carefully analyze patients' medical records and recent changes to act effectively. The following statements demonstrated the performance of both administrative and care activities:

"We evaluate the patient and perform a physical examination. We also have the issue of team management [...]. I like to do the bureaucratic activities first, which are checking the refrigerator temperature, the schedule of the next shift, and the schedule of distribution of beds among the nurse technicians". (N6)

Bearing the aforesaid in mind, nurses' work in adult ICUs demands different care practices, in addition to requiring specialized scientific knowledge to perform the various activities involving the use of technologies and provide care for critically ill patients.⁷

Management is an instrument for nurses' work and is associated with the care delivered. This is why the objective of both is the same: improving the quality of care. Nurses' work has a managerial and care dimension that is of paramount importance. The way the nurses act and manage their activities is directly linked to their knowledge and subjectivity.⁸

The importance of nurses' work for the unit was evidenced in the participants' statements since they carry out managerial activities, such as the assignment of personnel and the organization of work. They are viewed as people capable of carry out joint activities within the unit. To this end, they need knowledge, planning, communication, effectiveness, speed, and constant professional development.

"I think he [nurse] is very important because the difference between nurses and nurse technicians is that nurses also carry out managerial activities". (N6)

"I think the nurses' work is crucial because they're mediators. Without them, it seems the link between doctors and technicians is broken a bit. Nurses act so as to make sure that things will happen". (N11)

The participants' statements made it clear that nurses attach considerable value to the way they manage care activities in ICUs. Thus, it is noted that the nurses, in addition to managing

care activities, address issues such as technological demands, patients' complex medical conditions, and bureaucratic issues.⁹

Given this framework, the implementation of the *Sistematização da Assistência de Enfermagem (SAE)* [Nursing Care Systematization] was pointed out as an important indicator of nurses' work in the sector, as evidenced by the following statement:

"[...] it's something that we're trying to improve here. The nurses used to work more. They used to do technical work. As we now do SAE activities, check the patients' progress, apply the Braden scale [...] activities that nurses should do". (N2)

Therefore, the participant regarded SAE activities and the application of the Braden scale as a way of exercising autonomy and referred to them as activities that only nurses should perform. It is important for nurses to extend their autonomy and make decisions that reflect directly on the care provided. Moreover, the issue of scientific knowledge was considered fundamental for the exercise of autonomy in the sector, as can be seen below:

"[...] the ICU is something that drives you to be constantly studying. Even if you know a subject deeply, you have to study hard to know the cause of what's happening". (N4)

"[...] it requires great technical and theoretical knowledge". (N5)

Nurses working in ICUs need to update their professional skills and seek scientific knowledge, successively. This search may contribute to their participation in the care and work environment within the institution and will facilitate decision making. As a result, more resolute care can be delivered.¹⁰ The construction of knowledge, the activities inherent to the profession and supported by the Code of Ethics for Nurses and the Law of Nursing Practice, and their relationship with nurses' professional autonomy were mentioned in the participants' statements, as can be seen below:

"Professional autonomy is to do all the activities that are inherent to my profession without hindering the work of other professionals. I think that everyone has the autonomy to work under the limits of their professions". (N5)

"You always have to take into account what your professional category allows you to do. We have a lot of autonomy here". (N6)

Law of Nursing Practice is an important tool in searching for opportunities to make decisions because it regulates the specific activities of nursing professionals in order to ensure that their actions are valid, in addition to legitimating nurses' autonomy. So, each health care worker develops

his/her autonomy in association with their colleagues.¹ Professional autonomy, in this case, is not absolute, but rather a collective process.

Furthermore, the study participants mentioned the importance of having knowledge of practices related to their work and intensive care routines so that they can exercise autonomy together with the team. Autonomy is directly linked to the process of understanding subjects so that it can be supported by scientific knowledge and not allow replication of medical prescriptions. Lack of knowledge interferes with the way the team works and carries out managerial activities. Besides that, the relationship with this multiprofessional team must be based on respect, knowledge, and skills required for its work.¹¹ Knowledge results in the development of respect and trust from other professionals, including medical staff members. The following statements corroborate these ideas:

"[...] if you have greater knowledge, you can have a much better discussion with the doctors and they listen to you a lot. But we have very little knowledge, which confirms what everyone says, the greatest truth: 'if you have knowledge at work you can impose yourself and be heard'. Our autonomy is limited by the amount of knowledge we have. If you have knowledge you have a lot of autonomy". (N4)

Nurses have to carry out complex work in ICUs. As a consequence, these professionals need to develop leadership and make rapid decisions, which can allow them to exercise autonomy.

"[...] sometimes things happen too fast. So, for you to be able to make a decision, sometimes things need to happen right away. So, if you don't have the autonomy to solve problems, sometimes you need to wait for someone else's decision. So, sometimes the patient gets worse because of that". (N3)

The nurses pointed out the need to make decisions to solve care and managerial problems since it is often the agility of the work performed that makes patient care be provided with determination. In this context, nurses need to have determination and agility, as well as interact with the team in order to make decisions. Nurses are appointed as leaders of multiprofessional teams due to their great freedom of action, in addition to their capacity to make decisions and manage care activities.³

Additionally, the way nurses establish communication with multiprofessional teams was also regarded as an aspect of autonomy:

"I believe that we have enough autonomy here to do things in the ICU because we have a good professional dialogue with other professionals, psychologists, physiotherapists, and doctors. So, we have good interpersonal and professional relationships". (N5)

Communication between professionals at work is very relevant in terms of teamwork, as it contributes to the connection between professional practice and knowledge.¹² Although ICUs are closed units where there is one doctor usually on duty, nurses manage to maintain their autonomy while interacting with the medical and multiprofessional team. They maintain a good relationship with their colleagues so that they can avoid carrying out work inherent to other professions with the aim of improving the quality of care.¹³

Besides communicating with medical team members, nurses, as heads of nursing teams, exercise autonomy following the precepts of respect, interaction, and good interpersonal relationship, as evidenced in the following statements:

"Here we have a lot of autonomy. We can, for example, do the managerial part of care. We can ask a lot of the nurse technicians without offending or harassing them of course. But you can communicate with them and even with the doctor. If you think there's something wrong with the multiprofessional team, you can approach them without fear and talk. You just have to do it in a proper way of course". (N2)

The study participants reported exercising their autonomy and leadership in a satisfactory manner at work, maintaining dialogue. They also reportedly exercised their autonomy during the management of the nursing team, linking their knowledge to patient care. Nurses exercise leadership by carrying out joint work activities, providing guidance, exhibiting control, having supervisory skills, ensuring the necessary resources for care interventions, and maintaining an organized environment, which favors the quality of care.¹⁴

Facilitators of, obstacles to, and strategies for the exercise of autonomy by nurses in an adult ICU

The following facilitators of the exercise of autonomy by nurses were highlighted: knowledge, professional experience in the unit, and relationships among different professionals and between professionals and patients based on respect. In addition, team training was highlighted so that they can learn and discuss guidelines for people working in ICUs and IMCs.

"I think knowledge is all about knowing the situation, the pathology, and the structure. I think it helps us get more autonomy". (N8)

"If the nurse has no technical, theoretical, and practical experience, his/her work will be limited, and he/she won't have autonomy". (N10)

Knowledge is important at work, especially in critical care units. The participants reported the need to gain knowledge

and improve their technical-scientific skills. There was a predominance of statements that related autonomy to knowledge and highlighted the importance of knowing the structure of the workplace. These factors were considered facilitators of the exercise of autonomy. The exercise of autonomy by nurses is based on scientific knowledge used to provide care for critically ill patients. Communication with other professionals was viewed as a way to demonstrate knowledge while dissociating technical work from the biomedical model.

Besides the constant search for knowledge, the importance of participating in team training with the aim of learning new protocols was mentioned in the study participants. Qualification and training were considered means to ensure professional updates so that workers can perform their duties at work. In this sense, training should be encouraged by health facilities.¹³

Work environment and good communication with the head of the unit were viewed as facilitators by the participants. These factors were considered to be favorable for the exercise of autonomy and management of care. This facilitates decision-making by engaging in direct dialogue with both the multiprofessional team and nurse technicians.

"I think it's the environment. The relationship we have with the medical team makes it much easier here. And with the management too. I think management listens to us a lot". (N6)

"[...] I have a good relationship with doctors, physiotherapists, psychologists, nutritionists, speech therapists, and social workers". (N5)

Strengthening interpersonal relations helps in managing the unit, which is a facilitator of work and exercise of autonomy in this case.¹⁵ With respect to the obstacles, the scarcity of clinical knowledge and the lack of theoretical basis for case discussion with the medical team were pointed out by the participants.

"I think the problem is still on the medical side a bit because doctors, who have the power to give a diagnosis or prescribe treatment, usually make final decisions. We have to follow their instructions. Either we have a good argument or extensive knowledge to give an opinion or we have to follow what they think it's right [...]". (N2)

"Lack of knowledge... I will insist on this until the end of the questionnaire because it is... If you have knowledge, you can certainly do it. You can question the doctors' instructions [...] We nurses can manage this with ease. Our only problem is that we reproduce knowledge a lot and think little. It demands a lot from you... You have a lot of work to do during the shift and little time to think.

This makes it more difficult for you to get a book, go home and study". (N4)

Nurses use a set of information to recreate things at work. By recreating them, they find new solutions and processes, in other words, they create new knowledge for nursing practice, enabling the practice of autonomy. They take people, situations, and contexts into consideration, thinking out the best way to proceed according to an ethical framework.¹⁶ Lack of professional experience in the unit and excess of bureaucratic activities were also cited as obstacles.

"[...] I think lack of experience also makes it more difficult to gain autonomy [...]". (N7)

"There is too much bureaucracy, plenty of paperwork to fill out, and a lot of repeated information. For example, you have to fill out the Braden scale and put it into the system and into the patient's progress notes. So, a lot of things waste your time and hinder the system and decision making. The reason is that you could be taking care of your patient instead of doing these things". (N11)

Despite their academic background and knowledge of the management process, nurses still face uncertainties and conflicts when they think about their duties, which raises questions about the importance of nursing in the administrative and management area.¹⁷

The study participants were also asked about possible strategies to extend the exercise of autonomy at work. According to their answers, an important strategy is to work with complete determination by providing bedside or patient care, for example.

The nursing practice in ICUs is based on decision making and scientific knowledge. Nurses' trajectory and experience in the institution and search for professional development are also contributing factors. Thus, it is of fundamental importance to communicate with the multiprofessional staff members, which can be facilitated by the use of acquired knowledge. For this to happen in a concrete way, respect and open communication, viewed as strategies to establish effective dialogue by the study participants, should be present in the daily work of nursing practice.

"My strategy is always to have a lot of respect for my colleagues. I think I respect them all, and I think this helps with interpersonal relationships a lot. If you have good interpersonal relationships maintain good communication with the team, you can exercise your autonomy without any problem". (N5)

"I think it's more about communication. Because we... I think that... Even I have to... the issue of being more straightforward while talking to colleagues". (N6)

Communication is the basis for interpersonal relationships. Communication and care are necessary for health services to properly function. The development of the communication process is fundamental for nursing professionals to be resolute.¹⁷ It is necessary to value relationships and maintain continuous communication.¹⁷ Therefore, good communication in health facilities becomes the foundation for the exercise of autonomy by nurses.

It is fundamental to know the daily work of nurses in ICUs the factors that influence their professional autonomy. These factors are linked to the search for knowledge and professional updating, management of the nursing team, and relationship and dialogue with the team.

CONCLUSIONS

Bearing the aforementioned in mind, through this study it was possible to identify the intensive care nurses' perception of the exercise of autonomy, as well as the aspects that facilitate and hinder this exercise. Furthermore, it was possible to identify strategies to develop greater professional autonomy.

According to the study participants, autonomy was directly linked to professional competence from a legal standpoint. It was also linked to theoretical support and technical-scientific knowledge. Autonomy helps nurses to make better decisions on patient care. Maintaining good communication with medical and nursing teams was also mentioned.

Technical-scientific knowledge was mentioned as facilitators of the exercise of autonomy, which allow nurses to engage in a direct dialogue with medical team members and intervene together. Moreover, the ability to maintain good interpersonal relationships with team members was highlighted. These factors facilitate the exercise of autonomy, which improves the quality of care. The participants pointed out the following barriers to the exercise of autonomy: lack of knowledge, lack of professional experience in the unit, and communication difficulties between the teams.

Some strategies that could broaden the exercise of professional autonomy were mentioned. Among them, the need to seek technical-scientific knowledge was highlighted. Intensive care also requires communication and respect for the decisions that affect co-workers and whole teams.

This study is important because the results found may improve nurses' reflection on the exercise of autonomy in order to encourage professional practice, construction of knowledge, and team management. As a result, more quality care can be delivered to patients. The limitations of this study are related to the low number of publications on nurse autonomy, which implies that further investigation on such topic needs to be undertaken.

REFERENCES

1. Melo CMM, Florentino TC, Mascarenhas NB, Macedo KS, Silva MC, Mascarenhas SN. Autonomia profissional da enfermeira: algumas reflexões. Esc. Anna Nery. 2016; [online] Out-Dez [Acesso em: 28 nov 2017]; 20(4). Disponível em: <http://www.scielo.br/pdf/ean/v20n4/1414-8145-ean-20-04-20160085.pdf>
2. Santos JL, Menegon FH, Pin SB, Erdmann AL, Oliveira RJ, Costa IA. Ambiente de trabalho do enfermeiro em um serviço hospitalar de emergência. Rev Rene. 2017; [online] [Acesso em: 28 mar 2019];18(2):195-203. Disponível em: [file:///C:/Users/Lenize/Downloads/art%C3%ADculo_redalyc_324051258008%20\(2\).pdf](file:///C:/Users/Lenize/Downloads/art%C3%ADculo_redalyc_324051258008%20(2).pdf)
3. Frota LA, Camponogara S, Arboit ÉL, Tolfo F, Beck CLC, Freitas EO. A visibilidade do enfermeiro em unidades de terapia intensiva: percepções de trabalhadores. Rev Eletrônica de Enfermagem. 2015; [online] Abr [Acesso em 09 de Nov de 2017];17(3). Disponível em: <https://www.revistas.ufg.br/fen/article/view/31608>
4. Minayo MCS. Amostragem e saturação em pesquisa qualitativa: Consensos e controvérsias. Rev Pesquisa Qualitativa. [Acesso em: 23 mar 2019] São Paulo (SP), v. 5, n. 7, p. 01-12, abril. 2017. Disponível em: <https://editora.sep.qg.org.br/index.php/rpq/article/view/82/59>
5. Minayo MCS. O Desafio do Conhecimento. 14ª ed. São Paulo. Ed. Hucitec, 2014.
6. Ministério da Saúde. Conselho Nacional de Saúde. Comissão Nacional de Ética em Pesquisa. Resolução nº 466, de 12 de dezembro de 2012. Aprova as diretrizes e normas regulamentadoras de pesquisas envolvendo seres humanos. Brasília (DF); 2012.
7. Massaroli R, Martini JG, Massaroli A, Lazzari DD, Oliveira SN, Canever BP. Trabalho de enfermagem em unidade de terapia intensiva e sua interface com a sistematização da assistência. Esc. Anna Nery. 2015 [online] Abr [Acesso em 08 de out de 2018]; 19(2): 252-258. Disponível em: <https://www.redalyc.org/html/12777/127739655008/>
8. Pinno, C.; Camponogara, S. O trabalho de enfermeiros em unidade de internação Cirúrgica sob a ótica da ergologia. Biblioteca Lascasas. 2015 [Acesso em: 28 mar 2019]; 11(3): 1-149.
9. Camponogara S. Desafios do trabalho na Contemporaneidade. Rev. Espaço Ciência & Saúde. 2017 [online] Dez [Acesso em: 23 mar 2019]; 5(2): 1-3. Disponível em: http://scholar.googleusercontent.com/scholar?q=cache:GfGzKWN7jOY:scholar.com/+9.+Camponogara,+S.+DESAFIOS+DO+TRABALHO+DA+ENFERMAGEM+NA+CONTEMPORANEIDADE.+REVISTA+ESPA%C3%87O+CI%C3%8ANCIA+%26+SA%C3%9ADE+v.5,+n.2,+dez./2017+http://revistaeletronica.unicruz.edu.br/index.php/enfermagem/article/view/6758/1320&hl=pt-BR&as_sdt=0,5
10. Lemos MA, Backes SD, Terra MG, Filipin RR, Nietzsche EA, Salbego C. (Re) pensando a educação permanente com base em novas metodologias de intervenção em saúde. Revista Cubana de Enfermería. 2017[online] [Acesso em: 10 Fev 2018];33(3). Disponível em: <http://www.revenfermeria.sld.cu/index.php/enf/article/view/1104/285>
11. Boaretto F, Haddad MCFL, Rossaneis MA, Gvozdz R, Pissinati PSC. Contexto de ambiente de trabalho entre enfermeiras assistenciais em hospital universitário. Cogitare Enferm. 2016[online] [Acesso em: 28 Mar 2019]; 21(2). Disponível em: <https://revistas.ufpr.br/cogitare/article/view/44006/28532>
12. Santos JLG, Lima MA, Pestana AL, Colomé IC, Erdmann AL. Estratégias utilizadas pelos enfermeiros para promover o trabalho em equipe em um serviço de emergência. Rev. Gaúcha Enferm. 2016[online] Mar [Acesso em 20 nov 2017]; 37(1). Disponível em: <https://www.lume.ufrgs.br/handle/10183/141481>
13. Silva LAA, MENEGAT RPA gestão do cuidado em relação à autonomia dos enfermeiros. Revista Eletrônica Gestão & Saúde. 2014 [online] Out [Acesso em 20 nov 2017] 5:2294-2312. Disponível em: <http://webcache.googleusercontent.com/search?q=cache:http://periodicos.unb.br/index.php/rgs/article/download/13792/9726>

14. Santos JLG, Pestana AL, Guerrero P, Meirelles BSH, Erdmann AL. Práticas de enfermeiros na gerência do cuidado em enfermagem e saúde: revisão integrativa. *Revista Brasileira de Enfermagem*. 2013[online] Mar-Abr [Acesso em: 17 Dez 2017];66(2):257-263. Disponível em: <http://www.scielo.br/pdf/reben/v66n2/16.pdf>
15. Ávila LI, Silveira RS, Lunardi VL, Fernandes GFM, Mancia JR, Silveira JT. Implicações da visibilidade da enfermagem no exercício profissional. *Rev Gaúcha Enferm*. 2013[online] [Acesso em 08 de agosto de 2017];34(3):102-109. Disponível em: https://s3.amazonaws.com/academia.edu.documents/43192527/Implications_of_the_visibility_in_profes20160229-3560-dxnn3d.pdf?AWSAccessKeyId=AKIAI2WOWYYGZ2Y53UL3A&Expires=1553138178&Signature=4RP0szgIrh%2FiqXBB0iLyafLR9I%3D&response-content-disposition=inline%3B%20filename%3DImplicacoes_da_visibilidade_da_enfermage.pdf
16. Dias A KG, Toledo LV, Amaro MDOF, Siman AG. A percepção dos enfermeiros em relação ao seu papel gerencial no âmbito hospitalar. *Rev. Enferm. UFPE*.2017 [online] Mai [Acesso em 20 Jan 2018];11(5):235:45. Disponível em: <https://periodicos.ufpe.br/revistas/revistaenfermagem/article/viewFile/23374/19012>
17. Broca PV, Ferreira, MA. Processo de comunicação na equipe de enfermagem fundamentado no diálogo entre Berlo e King. *Esc Anna Nery*. 2015 [online] Jul-Set [Acesso em 20 Jan 2018];19(3)467-474. Disponível em: <http://www.scielo.br/pdf/ean/v19n3/1414-8145-ean-19-03-0467.pdf>

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